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		850	CERT	IFICA	TE OF DEATI	Н		Reg. Dis	it. No.	
1. PLACE OF DEATH O. COUNTY	nonta	om	MAR	YLAND	O. STATE	here deceased	b. COUNTY	on: Residence	e before od	mission)
b. CITY OR TOWN (If a	outside corporate Im	its, write c	LENGTH OF STAT	(IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond g	ive neares 1	own)
1000	al				Sandy	Sprin	g			
d. NAME OF HOSPITAL OR INSTITUTION	L (If nat in haspital,	give street add	dress) 	1	d. STREET ADDRESS Route	1.			O	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	7/0	rst	Middle ME	TA	Lost	4. DATE OF DEATH	Jany.		Day 1 24	Yeor 1958
+	6. COLOR OR RACE	WIDOWED	_	ED 🗆 📝	DATE OF BIRTH	7/	9. AGE (In years lost birthday) yrs.	The second second second	Days Hou	NDER 24 HRS. Prs Min.
100. USUAL OCCUPATION during most of workin	ig lite, even it refired	done 10b. Kit	ND OF BUSINESS (	OR INDUSTR	Bremen.	or foreign co			ZEN OF WH	AT COUNTRY
13. FATHER'S NAME				The H	14. MOTHER'S MAIDEN	NAME				
	Richter				Adella	Cordi	8.			
15. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of s	CES? 16. SO	CIAL SECURITY NO	). 17. INFO	ORMANT . A -	10 E	Addi	ess 532	1 ps	1-9
Conditions, if any gove rise to improve (a), stoting the lying cause lost.	e under-	)	Conts	ATH BUT NO	Soler DI RELATED TO THE TERMI	inal disease	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] ] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	OCCURRED. (	Enter nature of injury in	Part I or Part	tt of item 1B.)		YES	NO NO
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Yes	20d. INJU While of work	Not while of work	20e. PLACE factor	OF INJURY (Home, farm y, street, office bldg., etc	20f. (City	or town)	(Co	ounty)	(State)
21. I certify thigh alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	MBi	125	~	M.D	. 19.57, to 1/ccurred at 30.	M, from	the causes a get, city or town,	nd on th		ne decease ated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) BULLAL	1/16/58	3		od Ce	emeterv		ion (city, town, o		(s	tote)
3. FUNERAL DIRECTOR'S	V , C	175	6 Penns Washin	vlvar	1 AVE	D BY REGISTR		TRAR'S SIGI	NATURE	

		GIAN ASSOCIATION	
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ezer at Mal			A SANTA LANGE
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OF THE STATE OF TH	Taylor Control		Mention regions would be

51	CERTI	FICA	TE	OF	DEAT	I

851 CERTIFIC	ICATE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  210 E. Melbourne  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Emma Streng Ager	Lost 4. DATE Month Day Yeor OF DEATH Jan. 26 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO NEVER MARRIED DIVORCED DIVORCED	lost Diffiday)   Months   David   House   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home	Baltimore, Md. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustave Streng  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11.	Caroline Laupp  17. INFORMANT Address
(Yes, no. or unknown) (If yes, give war or dates of service)	Thelma Ager 210 E. Melbourne St.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	lorge, abdominal Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate costs (a), stoting the under-lying cause lost.  (b) Unline (b)  DUE TO  (c)  Anglunysm	noellnosis 10 grs
	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while of work of work	De. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote
21. I certify that I attended the deceased from Juntary	eath accurred at 7:50 P.M. fram the causes and an the date stated aba
ACTUAL SIGNATURE GW Frath MA	ADDRESS (Street, city or town, stote)  ADDRESS (Street, City or town, stote)  DATE SIGN
PHYSICIAN'S A. W. SMITH	Wash, D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF Prospect Prospect	t Hill Cem.   22d. LOCATION (City, town, or county) (Stote)  Washington, D. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Deal Funeral Home 4812 Ga. Ave	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wash	h. D. C.

TO FUN

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VS A15 (4) 15M 10/57

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at the	MARYLAND ST	ATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
D	852	CERTIFICATE OF DEATH	R

8 (1)806. Reg. Dist. No. 215

G. COUNTY			MARYLA		2. USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY		before ad	mission)
	gomery				Minnes					
RURAL ond give n	If autside carporate limi earest town)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corp	orate limits, write R	URAL ond giv	e nearest t	lown)
Bethesda (F			1 Mo. 14 da	ays	Red Wi	ng	60	3 X 3		
d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress) .		d. STREET ADDRESS					RESIDENCE N A FARM?
U.S. Naval	Hospital.	Bethe	esda, Marylan	bn	411 8t	h Stre	eet			NO X
3. NAME OF DECEASED (Type or print)	Augus:		Middle Herman		Lost ANDRESEN	4. DATE OF DEATH	Mor Janua		Doy 714	Year 19 58
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)	M	and 4	
Male	White	WIDOW	ED DIVORCED		11 October 1		67 yrs.	Months Do	ays Hou	ors Min.
10a. USUAL OCCUPATION	ON (Give kind of work a king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUS	TRY 11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZE	EN OF WH	AT COUNTR
U.S. Congre			Politics		Minneso	ta		U.S	5.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN			1 001	,	
Oley Andres	en				Anna Lunke					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	IFORMANT		Add	ress		
No	(ii yes, give war or dates or s	taire)	None	Of	ficial Navy	Record	3s			
18. CAUSE OF DEA	ATH   Enter only one co	use per li	ne for (a), (b), and (c).]						INTERVAL	BETWEEN
	TH WAS CAUSED BY:	h	usecard	ia	l Infan	etion		4		ND DEATH
420.1	DUE TO	//	1/2		/		)	1		1
Conditions, if o	ny, which ) (b	as	Teriosele	red	lie Hea	TL	esene	THE REAL PROPERTY.	340	ara
gove rise to i	mmediate (		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7/				1	
tying cause last.	the under-	1/1	Hertense	re	- Wascus	land	disease		34	rand
PART II. OTH	HER SIGNIFICANT CON	DITIONS	The state of the s	- 4	NOT RELATED TO THE TERM			EN IN PART 1	(o) 19. W	AS AUTOPSY
3 Hestry is	utestinal.	ble	Docop		denot alce			7	YES	RFORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	JRRED	. (Enter nature of injury in	Part I or Pa	rt II of item 18.)			
3 20c. TIME OF INJUR	Y Month, Doy, Yeo	r 20d. I	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, for	m. 20f. (Cit	v or town)	(Cou	intu)	(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While of wor	Not while	fact	ory, street, office bldg., etc	c.)	,	(Coo	,,	(3:0:6)
21. I certify th	at I attended the	deceas	ed from 1 Decer	nbe:	r , 19 57, to 1	4 Janu	uary 1958	.that I la	st saw t	ne deceas
	January	_, 19_	58 and that de	eath	occurred at 12:06	A M. fra	m the causes of	ind on the	date st	ated abov
1	11.11	4	. 4				itreet, city or town,		date 31	DATE SIGN
ACTUAL SIGNATURE	ert su	N		N	U.S. Naval	Hospi	tal, Bet	nesda,	Md.	1-14-
PHYSICIAN'S The	irl Jarrett	, Ca	pt, MC, USN		U.S. Naval	Hospi	ital. Bet	hesda.	Md.	
220. BURIAL CREMATIO	N. 226. DATE THEREO		22c. NAME OF CEMETER	RY OR			TION (City, town, o			otate)
REMOVAL (Specify)	1-20-58		Private Cer				Wing Min	,,	(:	3,0,0)
23. FUNERAL DIFECTOR	SSIGNATURE SO	LL	ADDRESS			D BY REGIS	TRAR 246 REGIS	STRAR'S SIGN	ATURE	
Gawler's, 1	756 Penn Av	re.,	Washington,	D.	C. DATE	JAN 1 7	'58 CU	Aldu	11/2	
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VS A15 (4) 15M 9/55 M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

253 CERTIFICATE OF DEATH

	•	000						Keg. Dist.	. No.	
1. PLACE OF DEA	teomerv		MARYL		2. USUAL RESIDENCE O. STATE Maryla	(Where decease	b. COUNTY			ission)
b. CITY OR TO	WN (If outside corporate li give nearest town)	mits, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN	(If outside corpo				wn)
d. NAME OF H OR INSTITU					Bether  d. STREET ADDRES	SS			e. IS R	ESIDENCE A FARM?
Maple	Lane Nurs	ing h	iome		7902 Gl	enbrook	Road		YES [	NO D
3. NAME OF DECEASED (Type or print)	EMI	First 14	Middle E .		ANDREU	4. DATE OF DEATH	JAN	oth /	Day 28	Year 1958
5. SEX Female	6. COLOR OR RAC	E 7. MARR	NEVER MARRIE		DATE OF BIRTH Ch. 18'	72	9. AGE (In years lost birthdoy)	Months D	YEAR IF UN	7
100. USUAL OCCI	JPATION (Give kind of wor of working life, even if retir	k done 10b.	KIND OF BUSINESS OF		RY 11. BIRTHPLACE (S	itate or foreign o		12. CITIZ	EN OF WHA	T COUNTR'
HOUSEW			wn Home		Maryla 14. MOTHER'S MAID			US		
Fredon	ick C. Sta	n a			?	ELA LANGE	Mogh	2 20 .00		
IS. WAS DECEASE	ED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT		Mosbu	ress		
NO (Yes, no, or unknown)	(If yes, give wor or dates of	of service)			C. Andrew	ws-Iten				
443 Conditions gove rise	, if any, which to immediate oting the under-	(b) 6 E	ENERALICE SENTIAL	E	HEARI	ERIOS TENS	CHEROS LON	5/5	ONSET AN	J J LAM
PART 1 20g. ACCIDER OR CONTRIBU	1. OTHER SIGNIFICANT CO	NDITIONS C	SEIVI I	TH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GI	EN IN PART I	PERF	AUTOPSY ORMED?
	NT WAS UNDERLYING DITING CAUSE OF DEAT OTIFY MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enler noture of injury	y in Port I or Por	t 11 of item 18.)			
Hour (	INJURY Month, Doy, 10. gr. gr. 19. m. 19	While	NJURY OCCURRED Not while of work	20e. PLAC facto	E OF INJURY (Home, ry, street, office bldg.	form, 20f. (City	y or town)	(Co	unty)	(Stote)
21. I certification of the control of the certification of the certifica	Himmer		and that a		., 19.57, to occurred at 1/i.	ADDRESS (S		and on the	dote sta	
REMOVAL (Sp	MATION, 22b. DATE THER		22c. NAME OF CEMET		CREMATORY	22d. LOCA	TION (City, town,		(Sto	ote)
Burial 23. FUNERAL DIRE	CTOR'S SIGNATURE	/58	Columbia			REC'D BY REGIS	ngton,	Va.	ATURE	
Robert	A. Pumphr	v-Re	thesda Ma			JAN 3 0 1		JIKAR S SIGN	ATUKE	
	In *** *	7 10	orra para, Mid		DATE	DHILD O	30 1000	1		

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at wark at wark

(State)

21. I certify that I attended the deceased from . 19 - Athat I last saw the deceased that death occurred at 2.40 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

Bowditch Hunter

58

22a. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY Forrest Oak

22d. LOCATION (City, town, or county) Gaithersburg

(State)

23. FUNERAL DIRECTOR'S SIGNATURE Barbe

ADDRESS Laytonsville, Md.

24a, REC'D BY REGISTRAR DATE JAN 2 9 '58

245 REGISTRAR'S SIGNATURE

10 VS A15 (4) 15M 9/55

TO HOSPITAL

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DIRECTOR:

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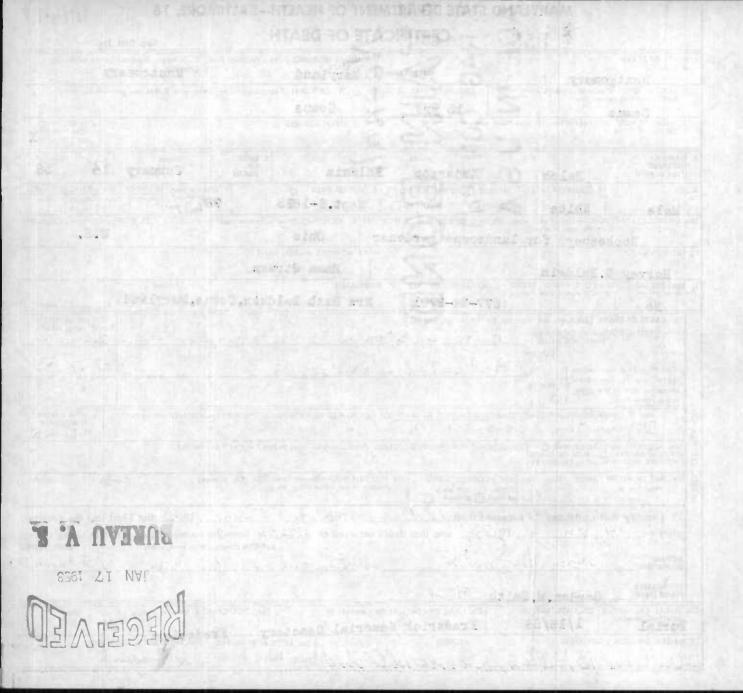
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MARY	LAND	STATE DEPARTMENT	OF HEALTH-BALTIMOR	E, 18
<b>2</b> .	A			

809 **CERTIFICATE OF DEATH**  Reg. Dist. No. (1)810

	keg. Dist. (40.
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  TAKOMA PARK  1 week	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  56 SILVER SPRING
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 17 ALBANY AVENUE	d. STREET ADDRESS  2309 LINDEN LANE  e. IS RESIDENCE ON A FARM? YES \( \text{NO.} \text{NO.} \text{NO.} \text{NO.} \text{NO.} \text{NO.} \text{NO.}
3. NAME OF DECEASED (Type or print) First SARA ANN	BARBER OF JAN. 18 19 58
5. SEX FEMALE  6. COLOR OR RACE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 6/24/65  9. AGE (In years of lost birthday) 92 yrs.  9. AGE (In years of lost birthday) Manths Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOMEMAKER  OWN HOME	DUSTRY 11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY  U.S.A.
JOHN A. TURNER	CATHERINE STUART
	r. Gilbert W. Barber, Tompkinsville, Md.
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  DUE TO  Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  (c)	Cecut segure INTERVAL BETWEEN ONSET AND DEATH
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN-IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Part 1 or Part II of item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) foctory, street, affice bldg., etc.)
21. I certify that I attended the deceased from alive an 195, and that deat ACTUAL SIGNATURE	th accurred at 130M, fram the causes and on the date stated abave  ADDRESS (Street, city ar tawn, stote)  M.D. Solvent Alexander Address (Street, city ar tawn, stote)
PHYSICIAN'S (NAS H. Walotton)	Washington DC
220. BURIAL, CREMATION, REMOVAL (Specify) 1/21/58 COLESVILLE C	CEMETERY MONTGOMERY COUNTY, MD.
Every E. Pumphry SILVER SPRING,	MD. 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

## BUREAU V. E. 8361 88 MAI



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VS A15 (4) 15M 9/SS M

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3
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857 CERTIFICATE OF DEATH

-									-	Wedi min		
1.	o. COUNTY	ONTGONER	1	MARYLA	- 11	USUAL RESIDE	Md.	re deceased li	ved. If instituti b. COUNTY			nlssion) YERY
	b. CITY OR TOWN ( RURAL and give in	If outside corporate limitarest town)	ts, write c	LENGTH OF STAY IN	1 1b	-0	OWN (If ou	Spr.	e limits, write F	URAL and giv	re nearest t	own)
	OR INSTITUTION	TAL (If not in hospital, s	tos	p.TAU	1	d. STREET AD		570N	DRIU	· Æ	10	RESIDENCE N A FARM? NO D
3.	NAME OF DECEASED (Type or print)	Willia		Middle E. Glad	Story	Bish	00	4. DATE OF DEATH	Moi	oth	Doy 26	Yeor 19 5 δ
5.	SEX M	6. COLOR OR RACE	7. MARRIED	-		ATE OF BIRTH	- 141	1888	AGE (In years jost birthday)	Months D	YEAR IF UN	-
10 01	during most of wor	ON (Give kind of work king life, even if retired	done 10b. Kit		NAT		CE (Stole o		atry)	-	EN OF WH	IAT COUNTRY?
13.	FATHER'S NAME	nknown		.,	1.	4. MOTHER'S A	AAIDEN NA	Ten.	knon	n		
	WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war or dates of s		CIAL SECURITY NO.	17. INFO	MAS N	1. 2A	nu)	Add	ress V EU		ST ST
		the under-	Sne	for (o), (b), and (c).]	Ed Ed	See See	k.	te e	heest	desia	INTERVAL ONSET AI SO	BETWEEN ND DEATH Receip
CERTIFICATION		HER SIGNIFICANT CON	DITIONS COM						ONDITION GIV	VEN IN PART I	1(o) 19. W/PER	FORMED?
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRI	BE HOW INJURY OCC	UKKED. (E	nter noture of	injury in Po	orr I or Port II	or item (6.)			
MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Ye	While of work	_ Not while _	Oe. PLACE foctory	OF INJURY (He , street, office l	ome, form, oldg., etc.)	20f. (City or	town)	(Co	uniy)	(Stote)
	21. I certify II olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	acception of the second of the	deceased		S   S   S   S   S   S   S   S   S   S	curred of (				and on the		ne deceased ofed above. DATE SIGNED
В	o. Burial, Crematic REMOVAL (Specify Unial Funeral director	1/29/5	8 2	Rock Cre ADDRESS		emeter	cy	5.7	N (City, town,	or county)  STRAR'S SIGN	3.	itole)
	Robert A	Pumphre	у Ве		Mary		DATE	2 8 '58	a	1 -	1	

manipus s. BOBEVO K. B. 8361 8S NAI

VS A15 (4) 15M 9/55

180	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12 11	Them 7 Film COSE 2/24/59 CONTENTIFICATE OF DEATH	
· := 1	Item 3 Film G225 2/14/58 GTE CERTIFICATE OF DEATH	R

	Item 3 Film G225 2/14/58 GTECERIFICA	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MORTANNILY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If Justice conformed limits, write RURAL and give representation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSPITUTION WALKLING STRUCTURE	d. STREET ADDRESS  6. 40 3 Castin Guerne  9. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF Walter First C. Middle (Type or print) William Charles	Bladen  4. DATE Month Doy Yeor OF DEATH January 25, 19 58
3		B. DATE OF BIRTH  9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS.  last bighyday) Months Days Hours Min.
	Male White WIDOWED DIVORCED	Dur. 21. 1079 58 yrs.
	10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, eyen if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN SAME
1	abdrew Thomas Bladen	Maney Ida Korlin
	(Yes no or unknown) . If we own was as dates of service)	of Florence Walters, 314 Farragul SV ME.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (€).]	INTERVAL BETWEEN
ij	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Embo	olism ONSET AND DEATH 24 hrs
		r -Renal Disease
3	Conditions, if any, which gove rise to immediate (b)	
	cause (a), stating the under   DUE TO Hypertension,	
01		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E	Obesity, exogenous	YES NO . (Enter noture of injury in Port 1 or Part II of item 18.)
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (ciner notice of supply in Fort Or Fort it of Seat 16.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. White Not white of work of work	CE OF INJURY IHome, form, lory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from October 2	26, 1956, to 1-25- 19 58 that I last saw the deceased
	alive an 1-25-, 1958, and that death	accurred at 2:20P_M, from the causes and an the date stated above.
	ACTUAL SIGNATURE SIGNATURE MINISTER MANAGEMENT MANAGEME	ADDRESS (Street, city or town, state)  DATE SIGNED  A.D. 249 Missouri Avenue, N.W.
	PHYSICIAN'S NAME (Type) SAMUEL A. HILLMAN, M.D.	
	220. BURIAL, CREMATION, 226. DATE THEREOF 225. NAME OF CEMPTERY OF SUICE STATES 28, 1958 CESAN HELL CL	emiting Prince Deorge Co. Mil.
	22 FUNERAL DIRECTOR'S STOCKATURE X. CIVALUX NOLLUS, 254 Clarrell SYKIN L	24a. REC'D BY REGISTRAR 24b. GEGISTRAR'S SIGNATURE DATEJAN 2 9 '58 Que cauca

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

858 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W	here decease	d lived. If instituti		efore admiss	ion)
Montgomer	77	MARYLAND	Maryland	7	5. 0001111	Montec	mern	
b. CITY OR TOWN (If outside RURAL and give neores)	de corporate limits, write lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write R			)
Chevy C			X Chevy	Chas	e			
d. NAME OF HOSPITAL (IF	not in hospital, give street	oddress)	d. STREET ADDRESS				e. IS RES	IDENCE
: 4	Tand Otana		I don T-	33	04			FARM?
	land Stree				Street		11.3	140 (2)
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mor	nth	Day	Year
(Type or print)	MAY	Woodin	BOND	DEATH	Jan	2	g	19 58
5. SEX   6. Co	OLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			
13			7/01/2000		last birthdoy)	Months Dg	ys Hours	Min.
	White   widow		1/24/18/3		85 yrs.	10 14		
10a. USUAL OCCUPATION (Gi during most of working life	ve kind of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
Housewife		O- ma II ama	D	1		TTC	3.6	
13. FATHER'S NAME		Own Home	Pennsy 14. MOTHER'S MAIDEN		8	US	· 14	
O. PATTER STANKE			14. MOTHER S MAIDEN	NAME				
Cvr	us Woodin		Lura	Kies	ler			
15. WAS DECEASED EVER IN U		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
	give war or dates of service)	7.5	900	* 7			0.1	
No			rs. Everett	Hess	ler s	ame as	3 2d	
18. CAUSE OF DEATH [		ne for (o), (b), ond (c).]				11	NTERVAL BE	TWEEN
PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (o)	ARTERIO	Scheretic	CAR	VIN WA	SCULAR	VE A	
422.1	DUE TO			0.7,10.			9-7	~ 0
					Dist	15E		
Conditions, if any, w								
gove rise to immed couse (o), stating the un						-		
lying couse lost.	(a)							
	CHIEFCANT COMPLETIONS	CONTRIBUTING TO DEATH BUT	I NOT BELLTED TO THE TERM	INIAI DIGEAG	COMPUTION	450 4 10 4 10 4 10 14	.120 2440	ALITO DAN
OF FARE III. OTHER SIC	SINIFICANI CONDITIONS	LONIKIBUTING TO DEATH BUT	I NOT KEDATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(c	PERFO	RMED?
3								NO 🔄
PART II. OTHER SIGNATURE OF CONTRIBUTING CA	DERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Par	t II of item 1B.)			
OR CONTRIBUTING CA	LUSE OF DEATH							
20c. TIME OF INJURY Mo	onth, Day, Year 20d. II While		ACE OF INJURY (Home, farm octory, street, office bldg., etc	n, i 20f. (City	or town)	(Coun	ity)	(Stole)
p. m.	19 of wor			"1				
				1 .	0.00 -	0		
		ed fram.						
alive on JAN	4ARY 27, 195	A, and that death	accurred at 1:10	P.M. fran	n the causes o	and an the	date state	d above
	-1 - 0	1			reet, city or town,			TE SIGNE
ACTUAL SOL	1.45 80	farta,	M.D. 8025 A.	REPA	-rued	2241	Li	1201
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PHYSICIAN'S	3 4T - D	11040				M	4	
NAME (Type) 1) EU	UILLEND	PELAWTER					2 25	
	b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d, LOCA	ION (City, town,	or county)	(Stote	1
REMOVAL (Specify)	7 /00 /20						(31011	-1
Pur-Transit	1/30/58	Homesdale			mesdale	, Pa		
23. FUNERAL DIRECTOR'S SIGN	MAIURE	ADDRESS		D BY REGIST		STRAR'S SIGNA	TURE	
Robert A. P	umphrev B	ethesda, Mar	ryland DATE JA	N 3 1 '5	8 600	1 -	1	
1100010 11. 1	ampitt Cy D	Concount, Ma.	y tarra lovie			0 0	/	

CERTIFICATE OF DEATH

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22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Takoma Park,

· Wash. San. & Hospital.

Washington Sanitarium & Hospital.

ADDRESS (Street, city or town, stote)

927 Pershing Dr. Silver Spring, Md.

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

FEB 7

Takoma Park.

24b REGISTRAR'S SIGNATUR

DATE SIGNED

1-27-58

death. erol - 5 puo physician attending requires that þ DIRECT 0 HOSPITAL 0 VS A15 (4) 15M 9/55

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ACTUAL

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)
Cremation

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Winston E. Cochran, M.D.

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
77		859 CERTIFICATE OF DEATH Reg. Dist	1, No. 1)(1)818
	1.	PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY  HARYLAND	
M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  RURAL - LURTONSVILLE  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	ive nearest town)
00		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS 7943-ORGHID ST. NW	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print) FANNIE - BRICK 4. DATE OF DEATH JANI- &	Day Year 1958
	S.		1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	100	1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fageign caunity)  WEW ORK  12. CITIZ	ZEN OF WHAT COUNTRY
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO. or unbrown (If yes, give war or dates of service)  NONE GOLDA BECKER - 7943 ORCH	11D ST. NW
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
1		Conditions, if ony, which) (b) Hypertenrial and Orterio Scherotec	1.54000
		gave rise to immediate couse (o), stating the under- lying couse last.  DUE TO Carlalio vascular Disease  (c)	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. ft.  P. m.  Page 20d. INJURY OCCURRED While Nat while of work at wark at	aunty) (Stale)
		21. I certify that I attended the deceased from Sept 10, 1957 to Jew 25, 1958, that I lo alive an 1958, and that death accurred at 156M, from the causes and an the	ast saw the decease
		ACTUAL Beyomin Laacon M.D. 7733 allegha all 1120:	DATE SIGNE
1		PHYSICIAN'S NAME (Type)	
	220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	FALLS Charles
	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	NATURE



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 \*\*EDICAL EXAMINER'S CERTIFICATE OF DEATH

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000			Reg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY WON	
b. CITY OR TOWN (If outside corporate limits, write RUR and give depress found)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write RURAL ond	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF no Travilla Rd.	in hospital, give street address)	d STREET ADDRESS Traville		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print) Samuel Ret	mus Briggs	Lost 4. DATE OF DEATH	Jan. 27,	Doy Yeor 1958 19
100 100 100 100 100 100 100 100 100 100	MARRIED NEVER MARRIED 8	July 1883	9. AGE In years   IF UNDER 1   Months   D	YEAR IF UNDER 24 HE
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZ	EN OF WHAT COUNTI
13. FATHER'S NAME James M. Briggs		14. MOTHER'S MAIDEN NAME Drusille Sr	yder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service	1	rnest C. Briggs,	Address Gaithersbu	rg, Md.
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO Conditions, if any, which (b)	er line for (o), (b), and (c).] Coronary Occ	clusion		INTERVAL BETWEEN ONSET AND POSTH SUCCEN
gove rise to immediate course (a), stating the underlying DUE TO course last.  PART II. OTHER SIGNIFICANT CONDITION				PERFORMED?
2		ing in living ro		YES NO K
20c, TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e. PLA While Not while fact.	CE OF INJURY (Hame, farm, 20f. (City ory, streel, affice bldg., etc.)	or town) (Coun	ty) (Stale)
21. I certify that I took charge of opinion death resulted from: Nati				
ACTUAL SIGNATURE THE SIGNATURE SAMINER'S F'rank J Br	sorhart	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	Bank!	DATE SIGNED
220. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify) BUTIAL 1-29-58  23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OR FOREST Oak ADDRESS	CREMATORY 22d. LOCATI	ON (City, town, or county)	(Stale)
Ernest C. Gartner,	Gaithersburg	. Md. DATE JANS 0 5	8 006	1

01 VS. A15ME 5M 2/57

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UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funerable forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may the prince of the DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Jister designated agent, prince to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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W/5/A [5]	(C)	

## FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sh be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be sined for your files. DEU. AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the late Board of Health, ar its designated agent, prior to burial, Femalion, ar removal, and in any event within 72 hours after death. TO DEPUTY 4 sh

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
862MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No.

U	U	8	Z	1	

	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND			MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montg.			
/		. CITY OR TOWN (IT and give records fawn) Monrovia		• RURAL	c. LENGTH OF STAY IN	dí v	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Monrovia	)
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Md. R-27 Montg Co.		d. STREET ADDRESS Md R-27 Montg. Co.  o. 15 RES ON A YES	FARM?				
	3. NAME OF DECEASED (Type or print) Della A. Burdette				Lost 4. DATE Month Doy Year OF Jan 28, 1958 19	r		
	5. 5	female	6. COLOR OR RACE White	7. MARRIE	DIVORCED	_	B. DATE OF BIRTH  NOV. 1, 1891  9. AGE (In years   IFUNDER IYEAR IF UNDER NOT   Months   Days   Hours   Funder   Funder	24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTE during most of working life, even if refired) HOUSEWIIE		TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA					
	13.	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
٠	23	Frank Watkins			Fidelia Reed			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Ver, no. or unknown]   (Il yer, give wor or doles of service)		INFORMANT Address					
		No				Ba	ates E. Watkins, Monrovia, Md.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  Asphyxia					interval between onset and death Found		
	Conditions, if any, which) (b) drowning				in bar	th		
		gove rise to immed (o), stoting the u couse lost.	liote couse					
	CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH	BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AL PERFORI YES [	
1	CERTIF	200. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.	ATRIBUTING LI				Enter noture of injury in Port t or Port tl al item 18.) rtly filled bath tub of her home	
	MEDICAL							
		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my						
		opinion death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined monner []						
2.		ACTUAL SIGNATURE Trank J. Broschart M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER []						
		EXAMINER'S NAME (Type)	Frank J.	Bros	chart		DEPUTY MEDICAL EXAMINER Jan. 29, 1958	3
		BURIAL CREMATIO REMOVAL (Specify) Burial	Jan. 31	.1958	22c. NAME OF CEMETER Montgon			
		FUNERAL DIRECTOR	S SIGNATURE	inth	ADDRESS Damaso		240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	



## ATE DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificat execute the certificate, writing the word "pend a she be forwarded to the Chief Medical E TO FUNEXAL DIRECTOR: Page 3 should be used ar its designated agent, prior to burial, crem 4 sh TO FUN

VS. A15ME 5M 2/57

4	FO	R	ST
H	EA	LT	H
please	Examiner's Office along with form PM3. Page 5 may be ined for your files.	Heolth.	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NC3	Reg. Dist. No.	
1. PLACE OF DEATH Montgomery  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissio o. STATE Maryland b. COUNTY Montg.	n)
b. CITY OR TOWN   It outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Monpovia	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Md. R -27 Montg. Co.	/d. STREET ADDRESS Md 27 Montg. Co.  1. IS RESID	ARM2
3. NAME OF DECEASED (Type or print) Robert E. Middle Burdett	e Lost Jan. 29,1958 Year	
5. SEX MARRIED NEVER MARRIED B. WIDOWED DIVER MARRIED B.	Jan. 4. 1889  9. AGE (In years left UNDER 1YEAR IF UNDER 2 Months Days Hours Mi	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Laborer		UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Perry G. Burdette	Lucinda Becraft	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	3
	Amos D. Burdette, Gaithersburg, Mo	1.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY:  ASphyxia	interval between onservable Found	
974 X DUE TO have after the	hanging	5
Cardillar It and which hanging	in hom	ie
gave rise to immediate cause		
(a), stating the underlying DUE IO (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT	OPSY
5	PERFORME YES NO	ED?
Found hanging in	inter noture of injury in Port I or Part It of item 18.) basement of his home	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC foctor p. m. 19 While Not while of work of work	CE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Spry, street, office bldg., etc.)	State)
21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry 🛣 and in	n my
opinion death resulted from: Natural causes, Accident [	, Suicide X, Homicide , Undetermined monner	
2 10 0		
SIGNATURE Trush or Broschart	_M.D. CHIEF MEDICAL EXAMINER _	ED
EXAMINER'S Frank J. Broschart	ASSISTANT MEDICAL EXAMINER Jan. 29, 195	58
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. ŁOCATION (City, town, or county) (State)	
Burial Jan. 31,1958 Montgomery	Meth. Clagettsville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE DAMASCUS,	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	T VIEW
	DAIL S MID - CONTROL ME	

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		Malara Andrews		
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3 .V UARgue	na Carlana a			
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DECENAEL	CATALON CONTRACTOR AND ADDRESS OF THE PARTY AN			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 864 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence-before admission) o. COUNTY filed b. COUNTY MARYLAND OMBY CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c\_CITY OR TOWN (If outside corpocote limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Manth Year Day DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. In years birthday) Months Days WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED2 YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. /1. While Not while of work of work p. m. 19 5 that I last saw the deceased 21. I certify that I attended the deceased from \*30 AM, from the causes and on the date stated above. and that death occurred at & ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE JAN

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 265

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	0(	10_						Keg. Dist.	No.
1. PLACE OF DEATH o. COUNTY MOT	ntgomery		MARYL	- 11	2. USUAL RESIDENCE (WHO, STATE Marvland	nere decease	d lived. If institution b. COUNTY		before odmission) gomery
b. CITY OR TOWN (If o	utside corporate limit	s, write	c. LENGTH OF STAY II	ч 1ь	c. CITY OR TOWN (If o	outside corpo	rate limits, write R		the state of the s
Retheada					X Bethesda				
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi	ve street (	address)		d. STREET ADDRESS				. IS RESIDENCE
9304 Line					9304 Line	dale	Drive		YES NO
3. NAME OF DECEASED (Type or print)	Marion		Middle illington		Carter	4. DATE OF DEATH	Jan. Mon	26	Day Yeor
5. SEX 6	COLOR OR RACE	7. MARR	IED NEVER MARRIES	8.	DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HRS.
Female	W	WIDOWE	DIVORCED		Sept. 4,	1876	lost birthdoy) 87 yrs.	Months D	lays Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WHAT COUNTRY
Retired	, me, even ir retired;		US Govt.		Ohio			U	ISA
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			14 14 1
Levi O. H	Billingto	on			Marion :	Loomi	S		
15. WAS DECEASED EVER I	N U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			es .	le Dr.
(If 1	res, give war or dates of se	rvice)		S	idney F. M.	alone			16.7
	Enter only one cou		minal brond	hom	neumonia		Betho	sda,	INTERVAL BETWEEN ONSET AND DEATH
	AMEDIATE CAUSE (0)				204012.6				z days
Condition it as	DUE TO	Cer	ebral arter	cios	clerosis				2 years
Canditians, if any, gove rise to imm	redicte (								0 30020
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	SIGNIFICANT CONF				OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	FN IN PART 1	
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	UNDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in I	Port I or Por	t II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	7 20d. IN While of work	Not while	PLAC facto	CE OF INJURY (Home, form ary, street, affice bldg., etc.	, 20f. (City	or town)	(Co	unty) (Stote)
21. I certify that	I attended the	decease	ed from Decem	ber	2 1950 ta Ja	nuary	26 19 58	that I la	st saw the decease
alive on Jamu			-	death o	occurred at 1:05	PM. from			
ACTUAL SIGNATURE	ut 91. (	eng	(L				treet, city or town,		DATE SIGNED
PHYSICIAN'S RO	bert G. Ar	gle,	M.D.		5009 Del F	Ray Av	enue, Bei	thesda	Maryland
220. BURIAL, CREMATION,	22b. DATE THEREO	F	22c. NAME OF CEME	ERY OR	CREMATORY	22d. LOCA	TION (City, tawn, o	or county)	(Stote)
Cremation	1/27/58	3	Cedar Hi	11	Crematory	Su	aitland	Mary	land
23. FUNERAL DIRECTOR'S	IGN TURE	7	756 Penns			D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	IATURE
DESCRIPTION BO	- Barston	A IN	Weghin	ATA	ania Ave	IN 2 8 "	58 000	1 .	- /
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 866 Rea. Dist. No director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND the funeral shauld be fil after death. b. CITY OR TOWN (If outside conporate limits, write c. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 RURAL and give negrest town! comanion d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION d. STREET ADDRESS NAME OF 4. DATE Month DECEASED (Type or print) DEATH within 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years lost birthday) IF ONDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH Months DIVORCED | WIDOWED T comple popers. yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITHEN OF WHAT COUNTRY? death. during most of working life, even if retired) pup mille corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM physicion remove SARMED FORCES? 16. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U 17. INFORMANT Address ottending death CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ã PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which been signed gove rise to immediate per DUE TO cotse (o), stoting the underpuo lying couse lost. physician. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY hos ottending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED 0.56 factory, street, office bldg., etc.) Hour a.m. Not while of work ot work After 195%, that I last saw the deceased 21. I certify, that I attended the deceased fram ached alive on and that death occurred at M, fram the causes and an the date stated above. OR: ADDRESS (Street, city or town, state) pined by ACTUAL pe SIGNATUR P PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATOR) 22d. LOCATION (City, Jower, or county) poge REMOVAL (Specify) vod Millery Cuapa unas 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b\_REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO

Year

1902

Dov

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

DATE

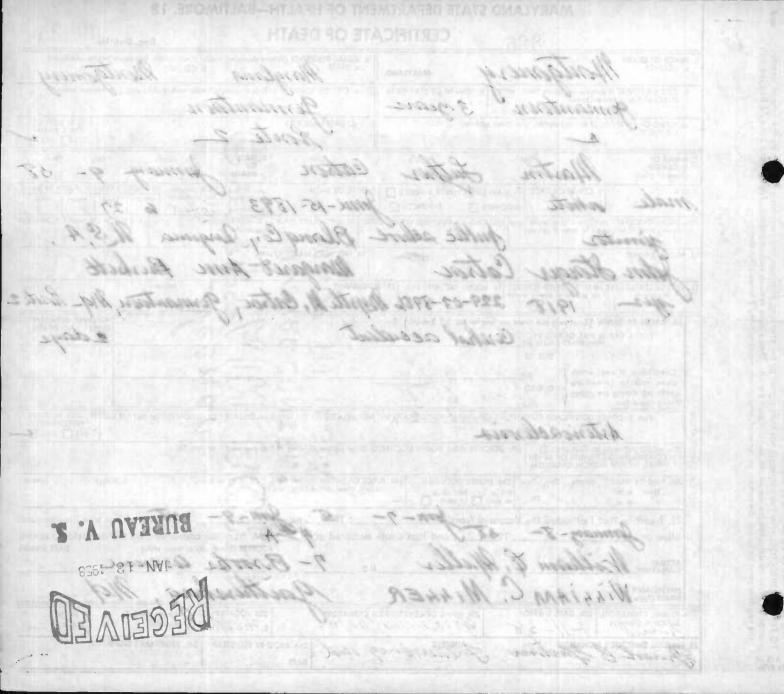
YES NO 4

(State)

DATE SIGNED

(Stote)

VS A15 (4) 15M 9/55



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

867 CERTIFICATE OF DEATH

Reg. Dist. No. U826

	PLACE OF DEATH o. COUNTY	Montgomery	MARYLAN	- 11	o. STATE North C		b. COUNTY	on: Residence	before od	mission)
	b. CITY OR TOWN (If	autside carparate limits, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (IF			JRAL and gi	ve nearest	town)
	Bethesda		26 days		High Po	int	7	1 X - 3	,	
		AL (If not in hospital, give street			d. STREET ADDRESS				0	RESIDENCE N A FARM?
	The Clini	cal Center, Be	thesda 14, Mc	3.	207 Bym	un Str	eet		YES	NOTO
3.	NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon	th	Day	Year
	(Type or print)	Wyatt	Carl		Chandler	DEATH	Janu		28,	19 58
5. 5	SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	] B. D	ATE OF BIRTH	_	9. AGE (In years lost birthday)	-		NDER 24 HRS.
	Male	Negro widow	DIVORCED	M	arch 5, 189	8	59 yrs.	Months	Doys Ho	urs Min.
10a	during most of work Night Wate	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR IN  Enforcemen		Georgia	ar foreign co	ountry}		ZEN OF W	HAT COUNTRY?
13.	FATHER'S NAME	Olimari (Da	W -IM OI COMOII		MOTHER'S MAIDEN	NAME			Lada	
1					Liza Town					
		handler	SOCIAL SECURITY NO. 17	7. INFO	RMANT The Me	dionl	PagandAdd	ess		
		If yes, give wor or dates of service)							Man. 7	
			unknown	THE	Clinical C	enter,	Detnesu	a III,		
		TH [Enter only one couse per lin TH WAS CAUSED BY:	ne for (a), (b), and (c).]							L BETWEEN
	100	IMMEDIATE CAUSE (o)	KESVIRATOR	4	FAILURE				LH	eur
	194X	DUE TO								
	Conditions, if or		TRACHEAL	- 01	3 STRUCTLO	ocu			2w	EERS
	gave rise to in cause (a), stating t								10	~~
	lying cause last.	(c)	GIANTCE	FLL	CARCINON	nA 61	=TH4RO	a	111	nonus
CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
I E	20a. ACCIDENT WA	S UNDERLYING   20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	Part 1 or Part	t tt of item 18.)			ب بير
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICA	20c. TIME OF INJURY Hour a.m. p. m.	While	NJURY OCCURRED 20e.  Not while k at wark		OF INJURY (Home, form , street, office bldg., etc		or town)	(Co	ounty)	(Stole)
Е	21. I certify th	at I attended the deceas	ed from January	7 2.	. 19 58 . to .T	anuary	28. 1958	that I le	ast saw t	he deceased
	olive on Janu		58, and that de							
	Olive Oli 2 See	and the second s	, and mar de	JIII 00			treet, city or town,		e dule s	DATE SIGNED
	ACTUAL SIGNATURE	uhan Qk	Hige	M.D	The Cl	inical	Center		1,	/28/58
							titutes	of Hes	1+h	
	PHYSICIAN'S NAME (Type)	Richard K. Sha	w, M.D.				-Marylan			
220	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR C			(ION (City) town,		N+	(Stote) NC
23.		SSIGNATURE	CADDRESS D	7		D BY REGIST	RAR 1946. REGI	STRAR'S SIG	NATURE	
I	RHZI	ER J. Hany	01-11	_	DATES	3 .20	40011			

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	Q	68	CERTIFIC	ATE OF DEA	тн—вас ТН		Reg. Dist. N	082	7
1. PLACE OF DEATH o. COUNTY  Montgomen		0.0	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where decease	b. COUNTY			
Sandy Spi	ring		c. LENGTH OF STAY IN 16		(If autside carpo	prate limits, write RL	IRAL and give n	earest town	n)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospital,	give street	address)	d. STREET ADDRESS	S			e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)		irst RY	Middle ELLEN	CLARK	4. DATE OF DEATH	Mont Jar		-	Yeor 19 58
5. SEX Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 22,	1894	9. AGE (In years lest birthdoy) yrs.	Manths Days		ER 24 HRS. Min.
during most of wor Domes	ON (Give kind of work king life, even if retire	dane 10b	. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (S. Mary 1		auntry)	12. CITIZEN	S. A.	
13. FATHER'S NAME Samuel Jol	nson			14. MOTHER'S MAIDE	N NAME V. Car	rter			
15. WAS DECEASED EVE (Yes no. or unknown)	R IN U. S. ARMED FO (If yes, give war or dates of	RCES7 16.	SOCIAL SECURITY NO. 17	iss Elsie C	lark	Sandy Spi	ing, M		
Canditions, if a gave rise to i cause (a), stating lying cause last.	the under-	b)	arten	orthi	mi			10-2	VV-7
CATIC	HER SIGNIFICANT COL AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CONTRIBUTING TO DEATH BU				EN IN PART 1(o)	PERFC	AUTOPSY DRMED?
20c. TIME OF INJUR Haur a. m. p. m.			Not while for	LACE OF INJURY (Hame, actory, street, affice bldg.,	form, 20f. (City	y ar tawn)	(Caunty	·)	(State)
21. I certify the alive on	Palae	e decea: , 19(	and that deat	, 19,5 7, to h accurred at	1	m the couses of treet, city or town, s	nd on the d	ate state	
PHYSICIAN'S NAME (Type)	Patriok C.	Jame	son	Sul	mi S	frang.)	4	1	1
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	1/15/5		Sandy Spri			TION (City, town, o	- 11	(Stol	te)
23. FONERAL DIRECTOR	'S SIGNATURE	1	ADDRESS Rockville	240. 1	REC'D BY REGIS	TRAR 246. REGIS	TRAR'S SIGNAT	URE	

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MARYLAND STATE DEPARTMENT OF REALTH-DALTHAORE, TR

HOSPITAL VS A15 (4) 15M 10/57

00828Reg. Dist. No. 215 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S. (Bame as INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 31 January, 19 50, that I last saw the deceased and that death accurred at 8:55A.M., from the causes and on the date stated above. DATE SIGNED U.S. Naval Hospital, Bethesda, Md. U.S. Naval Hospital. Bethesda. Md. 22d. LOCATION (City, town, or county) (State) Arlington. Virginia 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wisconsin Ave. . Bethesda

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		MARYLAND STATE DEPARTM	ENT OF HEAL	TH-BALTIN	ORE, 18	008	30
		814 CERTIFIC	ATE OF DEA	TH	Rea. D	ist. No.	
Page director.	1.	PLACE OF DEATH . MARYLAND	2. USUAL RESIDENCE o. STATE Marylan	(Where deceased lived			ission)
	,	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b			imits, write RURAL and	give nearest to	wn)
fun de		LA NOMA TARK	// Takoma				
in by the fune and 2 should	2	d. NAME OF HOSPITAL (If no in hospital, give stree-oddress) SO 4-Maple wood (www.	d. STREET ADDRESS	s ntral Ave	9	ON	ESIDENCE A FARM?
n 24 ho		NAME OF DECEASED (Type or print) Jessie Eyton	CLARKE	4. DATE OF DEATH	JA N	Day 24	Yeor 1958
Pag Pag	5.	MAKKED [] HEYEK MAKKED	B. DATE OF BIRTH	9. AC	GE (In years IF UNDE	R 1 YEAR IF UN Doys Hour	
campled papers.		emale White WIDOWED DIVORCED	9/2/1874	1 8	33 yrs.		
	100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	-	tote or foreign country		TIZEN OF WHA	AT COUNTRY?
	13.	FATHER'S NAME	Japan	N NAME		U.S.A.	
		John Latham Owen Eyton	***	Hijikata			
physici mave haurs	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	IIJInata	Address		
ng p	(Te	. no. or unknown) [If yes, give wor or dates of service)	rs Svlvia	MacKinno	n. Daug	hter	
eath east lease thin		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		· ·		INTERVAL	
atte d		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Bronchage	un Carl	inoma !	leftlen	ONSET AN	DEATH
of the The even		162,1 DUE TO		1	1 0		
d by any.		Conditions, if ony, which gove rise to immediate (b)			V		
require ian signe nsit per and in		couse (o), stating the under- lying couse lost.					
physici nas bee ial-tran	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	ADITION GIVEN IN PAI		ORMED?
IAN: T ending ficate t the but		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury	in Port I or Port II of	item 18.)		
PHYSIC al ar att his certi use as ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m.  p. m. 19 While Not while of work of work	ACE OF INJURY (Home, I ctory, street, office bldg.,	form, 20f. (City or to	wn) (	County)	(Stole)
NG spite d far f, cre		21. I certify that I attended the deceased from	. 19 % to	1/24	., 19 5 T, that I	last saw the	decented
NO Se Po		alive an 1/20, 1958, and that death	accurred at 5	10 PM. from the	causes and an I		
R ATTE d by th RECTOR be deto iar to b		ACTUAL William D. Cent	M.D. 90	ADDRESS (Street, of			DATE SIGNED
retaine AL Dill hauld strar pr		PHYSICIAN'S William D. Aud		Filmer	Spun	24	
osp regi	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (	City, town, or county	(St	ote)
The Oge	-	Burial 1/-2/.08   Rock Cree	k	Washi	ington '	D	.C.
VS A15 (4)	13.	UNERS DIRECTOR'S SIGNATURE ADDRESS	name &	FCID BY REGISTRAR	26 REGISTRAR'S SI	GNATURE	
15M 10/57	A	Jan del + Sons 300 4th N.	E. DATE		wit ear	elia	4
	11						

DECEIVEE

BUREAU V. S.

Reg. Dist. No.

haurs after death.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery Virginia b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Norfolk 4 days Bethesda . IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Suburban Hospital 401 Westover YES NO NAME OF 4. DATE First Middle Lost Yeor Month DEATH (Type or print) Elizabeth 19 58 Charlotte Cook 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED Months Days Hours DIVORCED T WIDOWED [7] 5-11-80 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Music Retired -U.S.A. Ludow, Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George E. Jewett Grace Kellev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Same) Husband No Elmer A. Cook INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PULMONARY EMBOLISM 464X DUE TO Conditions, if ony, which PHLEBOTHROMBOSIS days gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Subendocardial myocardial infarction 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m Not while of work of work p. m. 1 3, 1958, that I last saw the deceased 21. I certify that I attended the deceased from. , and that death accurred at 5 40 AM, from the causes and an the date stated above. alive an ADDRESS (Street...city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burrengy Spring nsit 1-7-58 Forest Lawn Cemetery Norfolk. Virginia. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE A. PUMPHREY Bethesda, Md. DATE WANT

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. K.

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VS A15 (4) 15M 9/55 00

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	
	Items 1.9 FilmG	225	1-30-58	et	1	

CERTIFICATE OF DEATH

00833

		2			Keg.	DIST. NO.	
1. PLACE OF DEATH o. COUNTY	Monta	MARYLAND	2. USUAL RESIDENCE (Who		b. COUNTY		re odmission)
	Montg,		Maryl			nte	
B. CITY OR TOWN	(If outside corporate limits, write- neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	ulside corporote	limits, write RURAL on	d give nec	prest lown)
	rmantown	4 vrs	XGermantow	n			
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give st	reet address)	d. STREET ADDRESS				e. IS RESIDENCE
OK INSTITUTION	Private home						YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Da	y Year
(Type or print)	Jacob	Middlecof	f Corbett	DEATH	Jan	91	1958
5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE IIn years IF UND	ER I YEAR	IF UNDER 24 HRS.
Male		OWED DIVORCED	Nov 21-187		RT (yrs. )	Days	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDU				CITIZEN O	F WHAT COUNTRY
during most of wor	rking life, even if retired)	The dead of the state of the st					
Retirec	l achinest.	Industral Sh			1,	II S	Δ
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME			
Ab	raham Corb	ett	Unknown	a			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
(100, 100, or diminowity	(it yes, give wor or ourse or service)		Rebecca Lear	non (	Germantow	37	
18 CAUSE OF DE	ATH [Enter only one couse p		NOVOCCA TICAL		Le GIBITI COM		ERVAL BETWEEN
	ATH WAS CAUSED BY:	( the test ( ) ( ) ( ) ( ) ( ) ( )		~ 0		ONS	ET AND DEATH
	IMMEDIATE CAUSE (o)	Callera	ena c	26	<u> </u>	2	noulting
153.8	DUE TO						
Conditions, if	ony, which ) (b)						
gove rise to	immediate (						
lying couse last.	ine ouder-						
	- / (-)	NS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMIN	IAI DISEASE CO	ANDITIONI CIVENI IN B	A DT 1(-) 1	O MAS ALITOPSY
PART II. OT	THE STOTAL CONDING	NS CONTRIBOTING TO DEATH BOT	THO RED TO THE TERMIN	AL DISEASE CO	NADITION GIVEN IN F.	AKI I(a) I	PERFORMED?
E 20a. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Part II o	f item 1B.)		
UK CONTRIBUTION	MEDICAL EXAMINER)						
Z 20c. TIME OF INJU	RY Month, Day, Year 20	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or t	\	15	161-1-1
20c. TIME OF INJU	W		clory, street, office bldg., etc.)		own	(County)	(Stote)
p. m.	19 at	work ot work					
21. I certify t	hat I attended the dec	eased from Dev	1957, to 9	en 21	, 195 d, that	I last so	w the decease
alive on 1 A	4 11 1						
dilve on		Zara, and mar deam		_M, from in	e causes and on city or town, state)	rne da	DATE SIGNE
ACTUAL	101.00	1 6 1 1		ADDRESS (SINSEI,	city of town, storej	9	DATE SIGNEL
SIGNATURE	vernon?	- Masters	M.D. Jesque	on lon	in ha		-71-04
PHYSICIAN'S					,		
NAME (Type)	Vernon E. I	artens	17 TT				
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or county	1	(State)
REMOVAL Specify	1-23-58	Rose Hill				35.0	(alore)
22 FUNERAL DIRECTOR					stown.	W.C.	4
23. FUNERAL DIRECTOR	C. Gartner	· Gaithersburg	24o. REC'D	BY REGISTRAR		SIGNATUR	

BOSE BE NAL The second secon MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death.

# MARYLAND STATE DEPARTMENT OF HEALTH-HALTIMORE, 18 CERTIFICATE OF DEATH

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demany 12, 115	frenchen Bus	Traint	13/1		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00835

816EDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY MONTGOMERY COUNTY MARYLAND	o. STATE Market Jay b. COUNTY Mod	veace before admission)
-	b. CITY OR TOWN III outside corporate limits, with RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If bulside corporate limits, write RURAL and	
	Takoma Park D.O.A.	56511-00 Sacina	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/d. STREET ADDRESS	e. IS RESIDENCE
	Washington Sanitarium + Hosp.	8902 Bradford Road	ON A FARM?
3	NAME OF DECEASED (Type or print) ISREA (NONE)	Danker de Death Johnsh	Doy Year 6 - 19 58
5	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] 8 White WIDOWED [] DIVORCED []	DATE OF BIRTH VOUT 9-1885  9. KGE   In years   IFUNDER   Months   Theyrs.	TYEAR IF UNDER 24 HRS Days Hours Min.
L	du. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired)  Dentistry  3. FATHER'S NAME	TRY 11. BIRTHPLACE (State or foreign country)  12. CITI  LIVE IN A COUNTRY  14. MOTHER'S MAKEN NAME	vited Sta
L	MR. BERNARD (NMN) CANKER	Michelson	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Res. no. or unknown) (If yes, give wor or dates of service)		6 FIOWER ma POER, 1
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stating the underlying  DUE TO	clision	INTERVAL BETWEEN ONSET AND DEATH
Control	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
Centicia	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)	
TA COLORAN	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA:    Hour o. m.	CE OF INJURY (Home, farm, 20f. (City or town) (Corory, street, office bldg., etc.)	unly) (State)
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquir	y , and find the
	death resulted from: Natural causes M, Accident □, Sui	cide, Homicide, Undetermined cause	
	SIGNATURE DEMAND CONQUE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	1-6-58
2	BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR REMOVAL (Specify) 1-8-18 NEW FILL	CREMATORY 22d. LOCATION (Say, town, por, county)	Mistorey
2	FUNERAL DIRECTOR'S SIGNATURE 2100 LILOUR	Pl 26. REC'D BY REGISTRAR 24b. REGISTRAR'S SIC	GNATURE

VS. A15ME(5) 5M 9/55

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DECENDED

VS A15 (4) 15M 9/SS

	01	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY OUTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE mary)	ere deceased lived. If institution land b. COUNTY	ons Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, v RURAL and give nedrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporote limits, write R	URAL and give negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Washing Ton Janit	arive v Hasp	d. STREET ADDRESS ()	EnsingTon	PKy e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) William	Herry	Davis	4. DATE Mon OF DEATH	th Day Yeor Y 1958
L	male (auc wi	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH  5-25-86	9. AGE (In years lost birthdoy) yrs.	Months Days Hours Min.
1	<ul> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> <li>Parmer</li> </ul>	Farmer	N.C		12. CITIZEN OF WHAT COUNTRY
	William P. Davi.	5	Alice T	revathar.	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES' 1. no or unknown) (If yes, give war or dates of service	none (e	lashing Ton So	entorium of	osp Records
	1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  (c)	Arterioschrotic &	Kistney Heart Desease Terioxlerose	- 	interval Between ONSET AND DEATH  I months  probably  ylars  probably Gars
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e. PL While Not while fo of work 0 twork	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
220	21. I certify that I attended the de alive on January 4,  ACTUAL SIGNATURE CLARON H.  PHYSICIAN'S AARON H.  BURIAL CREMATION, 126. DATE THEREOF		M.D. 8237 George 8237 George		Spring Md. Jan 5.50
	REMOVAL (Specify) RANS & BURITAL 1/7/58 FUNERAL DIRECTOR'S SIGNATURE		METERY	ROCKY MOUNT,	NORTH CAROLINA  STRAR'S SIGNATURE
Z	Jarner & Tumph		ING, MD. DATEIAN		-esuch

		TADIFICATE CERTIFICATE	
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VS A1S (4) 15M 9/S5

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 870

**CERTIFICATE OF DEATH** 

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Rea. Dist. No.

1, PLACE OF DEATH o. COUNTY	n/gomerus	MARYLAND	II o. STATE //	Parel and E	If institution Residence	before admission)
b. CITY OR TOWN (If ou RURAL and give pears	straide corporate limits, write st town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If ourside carporate lim	nils, write RURAL and gi	va/hearest tawn)
J NAME OF HOSPITAL	ether da	bhr	. X Ches	y Chase	10	46 0501051465
OR INSTITUTION	all not in haspital, give street of	accuress)	393/	newdale	Poad	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RUBUE	Clark	de Lash	4. DATE OF DEATH	Manth	Doy Yeor
FEMALO 6.	COLOR OR RACE / 7. MARRI	DIVORCED	8. DATE OF BIRTH	18 1884 9. AGI lost	1 41 1 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
during most of working		KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLA	CE (State or foreign country)	12. CITI2	EN OF WHAT COUNTRY?
13. FATHER'S NAME	me		14. MOTHER'S	MAIDEN NAME		, 0, 7
Reuber	Clark			Fann	TE DO	7504
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes)	(anima was as dates of service)	SOCIAL SECURITY NO. 17.	Son-W	iblian Pde	Lash much	Both Maid
18. CAUSE OF DEATH	[Enter only one couse per lin	e for (o), (b), and (c).)		7		INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (6)	ncinomato	sis /11	nas and 1	eft Chevi	ONSET AND DEATH
170x	DUE TO		<del></del>	7	41011	amos j
Conditions, if any,	which) (b) Me	tastatic re	2 L MINDEN	y left has	ast	2 1/2 Vean
gave rise to imm cause (a), stating the	ediate (				301	1
lying cause last.	(c)					
MVO CANO	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	THE ALLES	Pleus al Ff	DITION GIVEN IN PART	DEDECIDATEDO
200. ACCIDENT WAS LOR CONTRIBUTING I	INDERLYING [] 20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port I or Port II of i	tem 18.)	
20c. TIME OF INJURY Hour a. m.	Month, Day, Year 20d. IN While	Not. while of work	PLACE OF INJURY (Harding) factory, street, affice	lome, farm, 20f. (City ar taw bldg., etc.)	(Co	ounty) (State)
21. I certify that	I attended the decease	ed from	. 1946	to lan 31	195 That I le	ist saw the deceased
alive an Jan	13/ , 195	Por		915 PM, fram the	causes and an the	e date stated above.
ACTUAL SIGNATURE	Clevest El	all	MD. 392/	Ingomen S	ty or tawn, state)  X X W	DATE SIGNED
PHYSICIAN'S STAME (Type)	tewart Cl	ass M.D	. 4	195h 15 D	C	
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (	City, tawn, or county)	(State)
Burial	2/3/1958	Mt. Olivet		Freder	ick M	aryland
23. FUNERAL DIRECTOR'S S		ADDRESS	7.05	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	NATURE
Robert A. Pu	mphrey-7557V	Wis. Ave. Bet	h. Md.	DATE FEB 3 '58	(dag)	- 1

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

874 **CERTIFICATE OF DEATH**  Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAN	2. USUAL RESIDENCE (W	where deceased in the stand	ived. If institution b. COUNTY		before admi	
Bethesda	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 1	,,	outside corporei		URAL and gi	ve nearest tow	vn)
d. NAME OF HOSPIT OR INSTITUTION The Clinic	TAL (If not in hospitol, give street al Center, Beth	oddress)	d. STREET ADDRESS		isney L	ane	e. IS RE ON YES [	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Belle	Middle Esther	Disney	4. DATE OF DEATH	Mon Janua		Doy 15	Yeor 19 58
5. SEX Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED E		-	AGE (In years lost birthdoy) 59 yrs.		YEAR IF UNE	
Baby sit	ON (Give kind of work done 10b. king life, even if retired) ter & Homemaker		Maryla	and	ntry)	12, CITI2	U.S.	
13. FATHER'S NAME	William T. Coa	-	14. MOTHER'S MAIDEN	Mary E	. Burto			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	None	The Clinical (				Maryla	nd
PART 1. DEA  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate Dus 70	ne for (o), (b), and (c).	Cenkemi	A			INTERVAL B	ETWEEN D DEATH
20a. ACCIDENT WA	AS UNDERLYING   20b. DES		BUT NOT RELATED TO THE TERM			EN IN PART	1(o) 19. WAS PERFO YES	OBMED?
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. II 19 While of wor	Not while	FLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City of	town)	(Co	ounty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC PEMOYAL (Specify) BUILAL 23. FUNERAL DIRECTOR	Roger Lester, NN, 22b. DATE THEREOF 1/18/58	M.D.	The Clini The Natio Bethesda Y OR CREMATORY E UNION CEMETE	Address (Street, Cal Central Install, Mar.	the couses of the city or town. ter titutes yland on (City, town, of CONSVILI	ond on the stote)  1  of He	/15/58 alth ntgome:	ed above.

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8361 08 NAL			SEAL PROOF STREET

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ed MARYLAND Maryland Montgomery ofter deoth. funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) Takoma Park Hvattsville should d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 6208 Washington Sanitarium & Hospita puc NAME OF Middle Lost DECEASED Donoghue Hanora Theresa (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH white Female WIDOWED TE DIVORCED | 4-29-84 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Own home Mass. o 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Maloney Mary Cunningham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Hospital Records no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) à ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that I attended the deceased fram. and that death occurred of 10 ACTUAL 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) FT. LINCOLN CEMETERY 0 23. FUNERAL DIRECTOR'S/SIGNATURE **ADDRESS** SILVER SPRING. MD.

e. IS RESIDENCE ON A FARM? 12nd Ave YES NO 4. DATE Month Day Yeor DEATH January 58 19 IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Doys Hours Min 12. CITIZEN OF WHAT COUNTRY? S Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 20f. (City or town) (County) (State) surery 1958, that I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, Wwn, or county) (State) PRINCE GEORGE COUNTY. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

b. COUNTY

VS A15 (4) 15M 9/S5

CERTIFICATE OF DEATH

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BUREAU V. S.

S. S. YS NAU



## CERTIFICATE OF DEATH

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		A PLANT COMPANY	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

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	: 8	377	CERTIF	ICA	TE OF DEATH	1		Reg. Dist. No	94841
1. PLACE OF DEATH o. COUNTY Montgomer;	у		MARYLA	AND	2. USUAL RESIDENCE (WHO WAS hington	nere decease	d lived. If institution b. COUNTY	on: Residence bef	ore admission)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF o	outside corpo	rote limits, write R	URAL ond give ne	rarest town)
Bethesda ()	Rural)		16 days		District o			47x -:	
	AL (If not in hospital,	ive street	oddress)		d. STREET ADDRESS			TING	e. IS RESIDENCE
	Hospital.	NNMC	Bethesda M	d.	840 Yuma S	treet	S.E.		ON A FARM?
3. NAME OF DECEASED (Type or print)	Hone s	st	Middle (n)		Lost ENCELAN	4. DATE OF DEATH	January	- /	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years		IF UNDER 24 HRS.
Male	Malayan	WIDOW	ED DIVORCED	0 1	O February 1	.900.	last birthday) 57 yrs	Months Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?
Mariner	ang me, even n remed		J.S. Navy		Filipino I	sland	8	U.S.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
ENCELAN. P	edro				De MONTBRA	DE.	Apleza		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess	
	(If yes, give wor or dates of s		2141835	(WI	fu) Rosario	T. EN	CELAN (S	Same as	H2)
TA .	the <u>under</u> DUE TO	) DITIONS (			OT RELATED TO THE TERMI			EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)			URRED.	(Enter nature of injury in P	Port I or Port	II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	White of work	Not white	De. PLAC focto	E OF INJURY (Home, form, ory, street, office bldg., etc.	, 20f. (City	or fown)	(County)	(Stote)
21. I certify the alive on 16  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) C . I	January H. H.	he	ed from 31 Dec	embe		ADDRESS (SI HOSPI	the causes a reet, city or town, tal, NNM	nd on the do	DATE SIGNED  da Md.1-16-5
220. BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETE	RY OR			ION (City, town, o		(State)
Burial (Specify)	1-23-58	}	Arlington 1	Vat *			gton, Xi	,,	1
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		Marie Marie		RAR 24b. REGIS		R.G.
Chambers 51	7 11th St.	S.E.	Washington,	D.0			2/2	11 -23,00	

DATE

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

878	CERTIFICATE	OF DEATH
878	CERTIFICATE	OF DEATH

Reg. Dist. No. UU842

				Magi Disi, 140,
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Pennsylvan:	ia North	on, Residence before admission) umberland
b. CtTY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give nearest town)
Bethesda	80 days	Trevorton	75 %	-3
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clinical Center, Be	thesda 14, Md.	800 Market	Street	YES NO
3. NAME OF First DECEASED (Type or print) Charles	Middle Franklin	lost Evans	4. DATE Mor	
5. SEX   6. COLOR OR RACE   7. MAR		B. DATE OF BIRTH	9. AGE (In years	
Male White WIDOW		June 1. 1898	8 last birthday) 59 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
	Automotive	Pennsylva	กทำต	U. S. A.
13. FATHER'S NAME	AU COLIO CTAG	14. MOTHER'S MAIDEN I		00 00 24
George Evans		Alice Koo	ng	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1		dical Record Add	ress
(Yes, no, or unknown) (If yes, give war or dates of service)	207-03-9199 Th		enter. Bethesd	
18. CAUSE OF DEATH [Enter only one cause per I		TO PERSONAL V	Miles and Miles	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	aliana To	augusted to	10/00 100 100	ONSET AND DEATH
152.0 DUE TO	way number	viernous III	med ysumue	ry
		in duode	ulim	2/2 yr
Conditions, if any, which gave rise to immediate (b)				V
couse (a), stating the under-				
lying cause last. (c)	CONTRIBUTING TO DEATH BUT	NOT BELLIED TO THE TERM		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	PERFORMED?
3 7 mence segre pena	in, anthrue	esucesus;	anacces	YES TO NO
PART II. OTHER SIGNIFICANT CONDITIONS  Tracture left fund  200. ACCIDENT WAS UNDERLYING 206. DES  OR CONTRIBUTING 205 OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  90	4.9	D. (Enter nature at injury in	Port I ar Part II at item 18.)	
		ACE OF INJURY (Home, form ctary, street, office bldg., etc	, 20f. (City ar tawn)	(County) (State)
Hour o. m. p. m. 19 While	Not while	ciary, sineer, office blog., elc		
21. I certify that I attended the decea	sed from November	r 3 1057 to J	amuary 22 1058	that I last saw the decease
olive on January 22 19				and an the date stated above
7 2 /	2/5		ADDRESS (Street, city or town,	
SIGNATURE SOMMULL CO	Karrowko-		cal Center	1/22/58
SIGNATURE COMMENT	and accepted	M.D	nal Institutes	of Health
PHYSICIAN'S Samuel Charache	e, M. D.		U. Maryland	OZ 1100Z 011
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	ar caunty) (State)
Buffall (Specify) 1/25/58	Odd Fellows		Shamokin, P	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'		STRAR'S SIGNATURE
Robert A. Pumphrey-Bet	hesda, Maryla	nd DATE A		A south

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion.

TO PARAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete! The death of the fourth of the page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Fig. 1 and 2 should be filed with the registrar prior to buriof, crematian, or removal, and in any event within 72 hours offer death.

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VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/5S

MARYLAND	STATE DEP	ARTMENT	OF HEALTH—BALTIMORE,	18
	Ttem 1	FilmG22	1-13-58 et	

819 CERTIFICATE OF DEATH

10843
Reg. Dist. No.

			77				
1. PLACE OF DEATH			2. USUAL RESIDENCE (Who		ed lived. If instituti		
Me	ontgomery	MARYLAND	Maryla	nd		Montgom	ery
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corpo	orate limits, write R	URAL and give	neorest town)
RURAL ond give			//Takoma Parl	k			
d. NAME OF HOSE	PITAL (If not in hospital, give stre	et address)	d. STREET ADDRESS				e. IS RESIDENCE
OR INSTITUTION	V		1/2/2/	7 D	•		ON A FARM?
	dwood Drive		11 7606 Wildwo		ıve		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	ith	Doy Year
(Type ar print)	Isadore	Theodore	Feldmann	DEATH	Jan.	1	19 58
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)		AR IF UNDER 24 HRS.
Male	White WIDO	WED DIVORCED	Feb. 18, 1907		50 yrs.	Months Day	s Hours Min.
100. USUAL OCCUPAT	TION (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	ar foreign o	cauntry)	12. CITIZEN	OF WHAT COUNTRY
Insurance	orking life, even if retired) Broker	Insurance	Washington	. D.C		USA	
13. FATHER'S NAME	D. 01101	TILDUL CITO	14. MOTHER'S MAIDEN N			10021	
				Unkn	OFID		
Simon Fe.				CHIMI			
15. WAS DECEASED EV	VER IN U. S. ARMED FORCES?   1   (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
Yes	WW-2	Da	avid Feldmann .	-1438	Universi	ty Lane	.Hyatts.,Me
18. CAUSE OF D	EATH [Enter anly ane cause per	line for (a), (b), and (c).]			T	11	NTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: 9/	local Talie la	Brown from trace.			0	NSET AND DEATH
162.1	DUE TO	7-31-4	The forest	AT VED STATE	Jack C.		1 444
	/	2 1.	. /		. 42.17	+ +	1710
Conditions, if		Inon enco gen	me careina	27161	Curso net	es lease	19000
cause (a), statin							
lying couse los	t. (c)						
PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART 1(0	19. WAS AUTOPSY PERFORMED?
PART II. O	dent car un	oma y Reck	un - Person	un,/	hrombo	227 -	YES NO
20g. ACCIDENT V	WAS UNDERLYING TO 206. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	art I or Pa	rt II of item 18.)		
	URY Month, Day, Year 20d	. INJURY OCCURRED   20e. P	LACE OF INJURY (Hame, farm,	20f. (Cit	y or town)	(Coun	ty) ° (State)
20c. TIME OF INJU	. Wh	le _ Not while _ fe	actory, street, affice bldg., etc.	)		(100	(
₹ p. m	at v	rark at work	4				
21. I certify	that I attended the dece	ased fram Deemle	w, 1952, to to	w.	1913	,that I last	saw the deceased
alive on	lan 1 19	SE, and that deat	h occurred at 4 351	M, fra	m the causes o	and an the	date stated abave
		1			Street, city or town,		DATE SIGNE
ACTUAL SIGNATURE	Mobert J.	Dichmen	M.D. 7733	a.	ASKE	A115	1/11/1
3101121012						15 - <b>6</b>	
PHYSICIAN'S NAME (Type)	ROBERT L.	KRICHMAK		UA	SHINGT.	21/5	20
220. BURIAL, CREMAT		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC/	ATION (City, town,	ar county)	(State)
Burial	" Jan. 3. 1958	Arlington Nat	tional Cemeter	y Ar	lington.	V	a.
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	24a. REC'E		TRAR 24b. REGI	STRAR'S SIGNA	TURE .
B Donger	alere 9 Coma 250	7 7 1 1 1 1 1 1	DATE	7	000 /6	1.116/	duck
D. Danzani	sky & Sons 350	1 1/th St., N.V	L DAIL	- 1	450 66	WINC	ever co-

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH	-BALTIMORE,	18
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CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND MONT GOMERY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9709 FOREST GROVE DRIVE YES NO T FATRLAND NURSING HOME NAME OF First Middle 4. DATE Last Month Day Year DECEASED JAN. 58 SOUDER FLAX DORA ANNABELL DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours FEMALE WHENCE WIDOWED T DIVORCED T 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. WASHINGTON. D.C. OWN HOME HOMEMAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown JOHN SOUDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Morris Flax, 9709 Forest Grove Drive no Silver Spring, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. Nat while of work at work 1952 to 195 that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at & ITA M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S LESTER S. BLUMENTHAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) CREMATION FT. LINCOLN CREMATORY PRINCE GEO. COUNTY. ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD.

CERTIFICATE OF DEATH

BOKEVA 31 1958



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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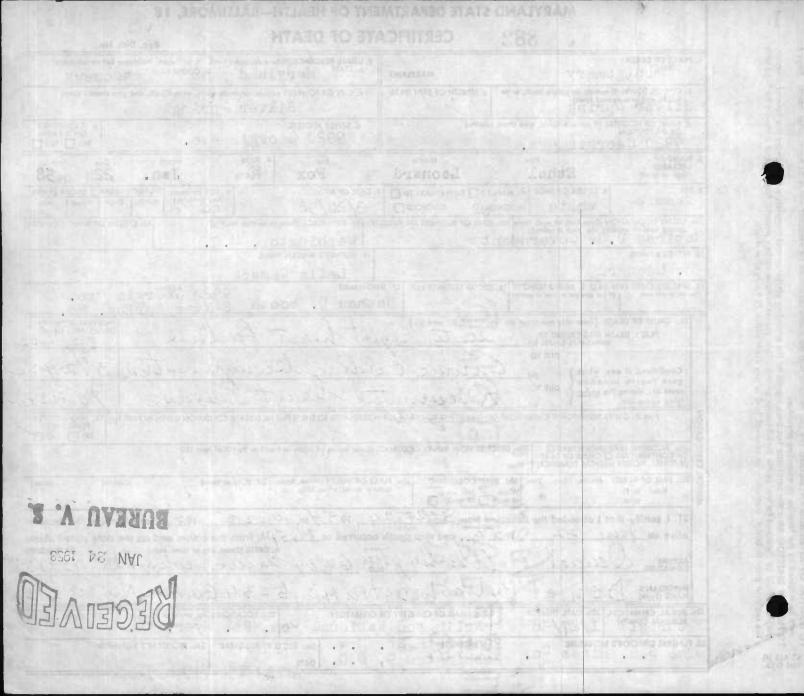
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		882	CERTIFI	CATE OF	DEATH		Reg. D	lst. No.	, , , ,
1. PLACE OF DEATH	gomery		MARYLAN	II A STATE	Maryl	e deceased lived	b. COUNTY MON	nce before odn	nission)
	I (If outside corporo	te limits, write c	LENGTH OF STAY IN	1b c. CITY OR	A	side carporote li	mits, write RURAL and		
	PITAL (If not in hosp N Orgia		dress)	d. STREET		rgia A	ve.	10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Ett	First 101	Leonar d		Fox	DATE OF DEATH	Month Jan.	22 22	Year 1958
female female	6. COLOR OR White		DIVORCED	0/01	<sup>TH</sup> /98	9. AC	t birthday) Months	R 1 YEAR IF UN Days Hau	
Retired 1  13. FATHER'S NAME	orking life, eyen if i	work done 10b. KII retired) /ernment	ND OF BUSINESS OR II	Wasl		foreign country) n. D.C		TIZEN OF WH	AT COUNTRY?
S. Leona	ard			Lei	lia Ca	mack			
15. WAS DECEASED E	VER IN U. S. ARME (If yes, give wor or do		CIAL SECURITY NO.	7. INFORMANT Nathan I		99	20 Georgi	ia <sup>A</sup> ve	
3	any, which immediate g the under-t.	UE TO (b) UE TO (c) (CONDITIONS CON	levrice Chemical Chem					3 // ORT 1(0) 19. WA PER YES	FORMED?
	WAS UNDERLYING ING CAUSE OF D FY MEDICAL EXAM!			PLACE OF INJURY					
20c. TIME OF INJU		19 While of work	_ Not while	factory, street, affic	e bldg., etc.)	201. (City of 10)	wnj	(County)	(Stote)
21. I certify alive on	Course	the deceased 125		20, 195 the occurred of the 62 M.D. 62	7:105 A	M, from the ORESS (Street, co	195 Ethat I causes and on it or town, stote)  4 W Ward	the date sto	
22g. BURIAL, CREMATI REMOVAL (Specif	ion, 226. DATE TO	HEREOF 2	2c. NAME OF CEMETER Arlington	7AT - 4 * -	al Cen	d. LOCATION (	City, town, or county) Myer, Va.		lote)
23. FUNERAL DIRECTO	R'S SIGNATURE Hines	Co. 29	Odorsith S shington	9, D.C.	DATE	Y REGISTRAR	24b. REGISTRAR'S SI	GNATURE	

DATE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write KURAY & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) and give nearest town) Takem as bring d. NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Z 0 3. NAME OF Middle DATE Day First Last Month Year DECEASED OF DEATH (Type or print) ames Eduaro 19 5 0 anuary 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months WIDOWED | DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) rainia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 7-05-6013 18 CAUSE OF DEATH [Enler only one toy per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (or DUE TO Conditions, if any, which gove rise to immediate cause long DUE TO (o), stoting the underlying couse lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🚾 NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection / and find that Suicide death resulted from: Natural causes Accident | Undetermined cause Hamicide | 1. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER orded t ASSISTANT MEDICAL EXAMINER Broschert DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF GEMETERY OR CREMATORY 22d. LOCATION (Cily, town, or county) 220. BURIAL CREMATION, 22b. DATE THEREOF 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 883 CERTIFICA

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				Reg.	Disf.	No.	(J)	×	9
					-	-		_	

1.	PLACE OF DEATH							ed lived. If institu				ssion)
_		itgomery		MARYLAND		Main			Man	9		y
b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b 7Nov1957 to Bethesda 27Jan1958					XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						(n) X - 3	
	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hospit	al, give street address)	1			:Mount D				SIDENCE
	7400 Fair	fax Road			XXO	XXXX	XXXX	XXXX	CSCI			NO X
3.	NAME OF DECEASED	Fir	st	Middle	lo		4. DATE OF	Month		Doy	Ye	or
	(Type or print)	SAMUE	L	Mickle.	FOX,	Jr.	DEATH	Januar	y 2	7	19	58
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE  In years   last birthday)	IF UNDER			
	Male	White	WIDOWED	DIVORCED [	Jan. 25	, 1893	3	65 yrs.	Months	Days	Hours	Min.
100	during most of working	N (Give kind of work		ID OF BUSINESS OR INDUS		LACE (Stote	e or foreign c	ountry)	12. CITI	ZEN OF	WHAT (	COUNTRY?
	xecutive E		let. Pla	stic Industry	Pen	nsylv	ania			US	A	
13	FATHER'S NAME IV	lickle			14. MOTHER'S			rds				
1	Samuel 🛣.	Fox, Sr.					Newbo					
15	. WAS DECEASED EVE	R IN U. S. ARMED FO		CIAL SECURITY NO. 17.	NFORMANT			Address				
	Yes V	W. W. I	16:	1-01-6408 D	. Samue	el M.	Fox, I	II-Same	Item	#2		
	18. CAUSE OF DEATH	H [Enter only one cau	se per line for	r (a), (b), and (c).]						INTER	VAL BETWEE	N
1	PART I. DEATH	WAS CAUSED BY:	Cardi	ac Arrest							mini	
1)	153.0	DUE TO	-			-	**					
1	Conditions, if an	y, which) (b)	Bro	onchopneumo	nia					4	days	
	gave rise to immedi (a), stating the u											
	couse lost.	(c)	Mu	coid carcino	ma of c	aecur	n			13	moi	nths
Z	PART II, OTH	R SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	UTOPSY
3	Genera	l debility	and in	anition						Y	PERFOR	NO X
CERTIFICATION	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING []	b. DESCRIBE H	HOW INJURY OCCURRED.	Enter noture of i	njury in Por	rt i or Part it	of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yeo	While	Not while ol work	CE OF INJURY lory, street, office	(Home, farr e bldg., etc	m. 20f. (City	or town)	(Cou	nty)		(State)
>	p. m.			mains described ob	ve held or	Autons	v 🗖 1	nspection 🔯,	Inquir	, (C)	-	1 1
				uses 🔀, Accident			Hamicide	Participal Control of the Control of	rmined n	-	-	in my
	1		2					100				
	ACTUAL TE	aux 0. 00	non	hart	M.D. CHIEF	MEDICAL E	XAMINER [				DATE SI	GNED
							AL EXAMINE	I J	an. 2	7,	1958	
	EXAMINER'S P	rank J. B	roscha	art, M. D.	DEPUTY	MEDICAL	EXAMINER [	X				
220	BURIAL, CREMATION			c. NAME OF CEMETERY OF	CREMATORY		22d. LOCAT	TION (City, town, o	or county)		(State	)
C	remation	1/27/19	58	Cedar Hill	1-16		Prin	ce Georg	ges :	Mar	rylar	nd
23. R	obert A. F	signature umphrey-	7557W	is. Ave. Beth	esda, M	ld .	D BY REGIST	RAR 245 REGIS	TRAR'S SIG	NATUR	E	337
-						DATE		940	11 money			

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### FOR STATE HEALTH DEPT.

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PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please the certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page d be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may liained far your files. RERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, is designated agent, prior to byrial, crematian, ar removal, and in any event within 12 haurs after death. N

TO DE	exe	5 :	
	A1 A 2	E	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. DAI. 0.85()

009	Reg. Div	1. NOO U ()
1. PLACE OF DEATH o. COUNTMONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE D. C. b. COUNTY	ce before admission)
b. CITY OR TOWN (It outside corporate limits, write BURAL C. LENGTH OF STAY IN 16 STILVER Spring 3 WKs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and a Washington 47x-	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Kensington Gardens San.	d. STREET ADDRESS 4527 Nebraska Ave. N.W.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Lillie Fulwider Galbrai		Doy Year
female white widowed to divorced   8	4/23/1872   lost birthland Months Di	YEAR IF UNDER 24 HRS. oys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	EN OF WHAT COUNTRY
Wilson Fulwider	Mary Blades	
(Yes, no, or unknown)   (If yes, give wor or dates of service)	San. records	
11113X IMMEDIATE CAUSE (6)	ive heart failure	INTERVAL BETWEEN ONSET 210 DE THE S
Conditions. if ony, which gove rise to immediate course (a), stoting the underlying course lost.		years
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  904, 9 Fracture of rt hip 11/17/		1(0) 19, WAS AUTOPSY PERFORMED? YES NO A
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (Count ory, street, office bldg., etc.)	y) (Slote)
21. I certify that I tack charge of the remains described abort opinion death resulted from: Natural causes Accident [  ACTUAL SIGNATURE STALL J - Breschent		
EXAMINER'S Frank J, Broschart	DEPUTY MEDICAL EXAMINER 1/9/58	
226. BURLAN CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BENOVAL (Specify) 1-9-58 22c. NAME OF CEMETERY OR 22c.		(Sidile)
Neal Frencial Hum 4812 &	2200 DATE JAN 1 4 '58 Cliffeou	ich

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VS A15 (4) 1SM 9/5S 00

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	CEDTIEICATE	OF	DEATH	

		22	5 (	CERTIFIC	ATE OF	DEATH			Reg. Dis	1. No! ()	851
1. PLACE OF DEATH a. COUNTY MOI	NIGOMERY	-0-0-		MARYLAND	2. USUAL RES	MARYLA		lived. If institution b. COUNTY		e before o	
b. CITY OR TOWN	(If outside carporate limi nearest town)	ts, write	c. LENGTH	OF STAY IN 16	c. CITY OR	TOWN (If aut	tside carpore	ote limits, write RI	JRAL and g	ive nearest	town)
CHEVY CHAS		ive street	4 yes	ars	d. STREET	CHASE	3		100	100	BECIDENCE
OR INSTITUTION	TAL (If not in hospitol, g	)	oddi ess j		1 /	WAINUT	HILL	ROAD			S RESIDENCE ON A FARM? ES NO TO
3. NAME OF DECEASED (Type or print)	ANNIE MAE		LLA:	Middle	Lo	st	4. DATE OF DEATH	JANUARY	.,	Day	Year 19 <b>58</b>
S. SEX	6. COLOR OR RACE	7. MARE	RIED   NEV	ER MARRIED	8. DATE OF BIRT	Н	9	P. AGE (In years last birthday)			UNDER 24 HRS.
FEMALE	WHITE	WIDOWI	ED 🔼	DIVORCED	JUNE 23	, 1882		75 yrs.	Manths	Days Ho	aurs Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BU	JSINESS OR IND	USTRY 11. BIRTHP	LACE (State or	r fareign cou	untry)	12. CITI	ZEN OF W	HAT COUNTRY?
HOMEMAKER	2		OWN	HOMR		POLIS.		AND	U.	S. A	
13. FATHER'S NAME	A. I.				14. MOTHER'S	S MAIDEN NA	ME				
JAMES THO		ceco la				CLOW				2 101	
(Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dales of s	ervice)	SOCIAL SEC	URITY NO. 17.	INFORMANT			Addr			
NO			NONE		ALLIS H.	GARDEL	LA, 96	24 BEXHI	LL DR		SINGTON,
	ATH [Enter anly ane co	use per li	ne far (o), (b	), and (c).]	n - 1	-010				ONSEL	AL BETWEEN
<u>ии</u> 3х	ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	, a	ute	Gasa	yac He	litatu	1/1			11/4	our
Conditions, if c gave rise to cause (o), stating lying couse last.	the under-	9.0	nera	ligd (	isterio s	oleus	الن ب	il Hypic	louser	109	reas.
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTIE	NG TO DEATH BL	T NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	N IN PART	PI	VAS AUTOPSY ERFORMED? S NO
200. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCURR	RED. (Enter nature o	of injury in Pa	rt I or Part I	II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Ye	20d. II While at wor	NJURY OCCI Not will k at war	hile f	PLACE OF INJURY actory, street, offic	Hame, form, e bldg., etc.)	20f. (City o	or tawn)	(C	ounty)	(State)
21. I certify t	hat I attended the	deceas	ed from_	reno	, 1940	, to day	щащ	29, 1958	,that I l	ast saw	the deceased
alive on 2	unay 29	195	8 6	ind that deat	h occurred at						
ACTUAL SIGNATURE	Bul) a	1de	nes	ma	MD 83			et, city ar town,		ale	DATE SIGNED
PHYSICIAN'S	. B. WARDRO	P	0				/			11	g
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREC	F	22c. NAM	E OF CEMETERY	OR CREMATORY	2	2d. LOCATIO	ON (City, tawn, a	r caunty)		(State)
BURTAL	JAN.31,	958	FORT	LINCOLI	N CEMETER	Y	PRINCI	E GEORGE	's co.	. MD	NID IN
23 FUNERAL DIRECTOR	E Fum	wen	SILVE	S SPRING		24a. REC'D DATE JA	BY REGISTR				William
						GF1			0.00	11/2	

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MARYLAND

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MENT OF HEALTH—BALTIMORE,	
ATE OF DEATH	Reg. Dist. No. (11)852
2. USUAL RESIDENCE (Where deceased lived. If institution. STATE b. COUNTY	
c. CITY OR TOWN (If outside corporate limits, write I	RURAL and give nearest town)
d. STREET ADDRESS	e. IS RESIDENCE
1353 LONGFELLOU	ST, YES NO
Lost 4. DATE Mo	nth Day Year
GOLDEN DEATH Jan	23 1938
B. DATE OF BIRTH  9. AGE (In years lost birthday)	
DEC 24 1860 97 YES	
USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME.	0 311
SUSAN ALLBRIC	SHT
INFORMANT Add	dress
URSING HOME RECEDS	Beoom & Com As
stine Heart failure	INTERVAL BETWEEN ONSET AND BEATH
stic Read Disease	e year?
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19, WAS AUTOPSY
Mosis	PERFORMED? YES NO
ED. (Enter nature of injury in Part I or Part II of item 1B.)	
LACE OF INJURY (Home, farm, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State)
21, 1955, to Jan 23, 1950	that I last saw the deceased
h accurred at 420AM, from the causes	and on the date stated above.
ADDRESS (Street, city or town,	state) DATE-SIGNED
M.U.	1,000

20e.

22d. LOCATION (City, town, or county)

(State)

ENNSYLVANIA

**ADDRESS** 

24a. REC'D BY REGISTRAR JAN 2

246 REGISTRAR'S SIGNATURE

DATE

VS A15 (4) 15M 9/55

BUREAU V. S.

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
V	6	821 CERTIFICATE OF DEATH Reg. Dist. No. U0853
( 0.9	1.	PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY  MARYLAND  A. COUNTY  MARYLAND  D. COUNTY  MARYLAND  D. COUNTY  D. CO
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town?  TA Koma Park  13 days  X DEThesda.
75	- 1	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION ANTIQUE ON A FARM? YES NO IN
	3.	NAME OF DECEASED (Type or print) INA KRATZ P. FOODWIN 1. Date Month Doy Year DEATH 1 23 1958
	S.	SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 7-1-C6  9. AGE (In years lost birthday)  Months Days Hours Min.
1	10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WS  VERT (CFFICE) TYERSURY DEPT. KANSAS
	13.	FATHER'S NAME CHARLES E. PINGREE AMY KRATZ
/2 hour		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dates of service)  None  None
e di w		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PASSET AND DEATH  IMMEDIATE CAUSE (o)
مام حموس		Conditions, if any, which) DUE TO Reticulum Cell Sarcoma 31/2 moss
		gove rise to immediate cosse (a), stating the under- DUE TO  lying couse lost. (c)
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	CERTIFIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 Of work of work
		21. I certify that I attended the deceased from 9/18/, 1955, to 123/1958, that I last saw the deceased alive an 1/23/, 1958, and that death occurred at 11:55 PM, from the causes and on the date stated above.
D 10		ACTUAL SIGNATURE Puscell B. anold M.D. 880/ Colesvelle Rood, 1/24/5
/		PHYSICIAN'S RUSSEll B. Arnold Silver Syning, M.d.
e constant and a cons	22	Burial Cremation, 22b. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  Mt. Olivet Washington D. C.
=	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	L	Robert A. Pumphrey Rethesda, Maryland DATE, MM 2 7 758   Co. Leaves

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8			()	()	8	5	4
Rea.	Dist.	No.					

1, P	LACE OF DEATH	ntgomery			MARYLANI	O STAT	RESIDENCE (V		b. COUNT			
Ь	CITY OR TOWN (If and give nearest town)	outside corporate limits,	write RURAL	c. LENGTH	OF STAY IN 18	c. CITY	OR TOWN (II	f autside corp	orate limits, write	RURAL and gi	ve nearest	town)
	Silver	Spring		8 ;	years	56	Silver	Sprin	g			
d	. NAME OF HOSPITA	AL OR INSTITUTION			et address)		ET ADDRESS					RESIDENCE
	19,313	Douglas	Avenu	le		10	,313 D	ouglas	Avenue		YES	□ NO □
	IAME OF DECEASED Type or print)	Commol	First		Aiddle	_	lost	4. DATE OF DEATH	Mont		Doy	Yeor
i. S		Samuel Samuel	CE 7. 14	Raymono			ives		9. AGE (In years	IFUNDER 14	FAR IF UI	1958 NDER 24 HRS
	male	white	WIDO	OWED DI	VORCED [	June 2	2, 191	9	38 yrs.	Months Da		The state of the s
0o.	USUAL OCCUPATIO	N (Give kind of wo	ork done 1	Ob. KIND OF BUSH	HESS OR INDU	STRY 11. BIRT	HPLACE (Stote	ar foreign co	ountry)	12. CITIZEI	N OF WH	AT COUNTRY
	ssistant		,	Banking		X	EXXXXXX	WASH	INGTON, I	C U.	S.A.	
13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME	100			
		M. Grave					thel M,	Dove				
15.  Y=4,	WAS DECEASED EVI	R IN U. S. ARMED		16. SOCIAL SECU		INFORMANT			10,343"	Douglas	s Ave	nue
	yes	W. W. I	I	579-05-0	)614   N	irs. Rit	ta H. G	raves,	Silver	Spring	Mary	land_
	Candilions, if a gave rise to immed (o), stating the couse last.	liote cause DUE	(b)( (b) (c)	Coronary (			Þ				sudd	en
CERTIFICATION	PART II, OTH	ISE WAS		CRIBE HOW INJUR						VEN IN PART I	YES [	REORMED?
	CAUSE OF DEATH.	AIKIBUTING [										
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy,	5	20d, INJURY OCCU While Not what work at work at war	hile fo	LACE OF INJUStactory, street, of	lY (Hame, forn ffice bldg., etc	m, 20f. (City	or town)	(County	γ)	(State)
		resulted fram:	Natur	orthand	Accident	M.D. CHIE		Homicide		, Inquiry ermined ma	oal	and in my
	NAME (Type)	Frank J.					JTY MEDICAL		<u> </u>			
220	BURIAL CREMATIO REMOVAL (Specify) DUTIAL	Jan. 14	195	8 Arling	ton Na	tional			lington			itote)
23	FUNERAL DIRECTOR	S SIGNATURE	phe	silve	r Sprin	ng, Md.	240. REC	AN 1 4	SAR 246 REG	STRAR'S SIGN	ATURE	

BUREAU V. S. 8381 PT NAU

VS A1S (4) 15M 9/S5 2

23. FUNERAL DIRECTOR'S SIGNATURE

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				STATE DEP	ARTM	LENT OF HEALTH	-BALT	IMORE, 1	В		
		8	88	CERT	IFIC	ATE OF DEATH	ı		Reg. Dist.	No. ()	0855
1.	PLACE OF DEATH o. COUNTY MO	ntgomery		MAI	YLAND	2. USUAL RESIDENCE (Whe				before od	
		autside carporate limit	s, write	c. LENGTH OF STA		c. CITY OR TOWN (IF ou Alexand	utside carpora		RAL and giv		tawn)
1	d. NAME OF HOSPITA OR INSTITUTION The Clinic	al Center,	Beth	nesda 14,	Md.	d. STREET ADDRESS 508 Oro	noco S			e. IS	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Fire		Midd		Grigsby	4. DATE OF DEATH	Month Janua		26	Year 1958
	sex Female	6. COLOR OR RACE	WIDOWI	ED DIVORO	ED 🔲	B. DATE OF BIRTH  July 2, 1957		last birthday) yrs.		YEAR IF U	NDER 74 HRS.
	None	N (Give kind of work on ng life, even if retired)		KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Store of Virginia		ntry)		EN OF WI	HAT COUNTRY?
	Norbert Gr					Florence G	roham				
	NO DECEASED EVER	IN U. S. ARMED FORG f yes, give war or dates of se	rvice)	SOCIAL SECURITY N	- 1	INFORMANT The Med The Clinical C				Mary	land
	PART I. DEAT	TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (a)	D <sub>v</sub>	ne for (a). (b), and (c neumonia	).]					INTERVAL ONSET A	BETWEEN NO DEATH Hours
- William	Canditions, if an gave rise to im cause (a), stoting the	mediate (		ongestive	861					24	Hours
CERTIFICATION	PART II. OTHI	) (c) ER SIGNIFICANT CON		ongenital		NOT RELATED TO THE TERMIN	NAL DISEASE (	CONDITION GIVE	N IN PART I	PE	AS AUTOPSY REORMED?
100	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in Po	art I ar Part I	of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	Not while at work	20e. Pt	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City o	r tawn)	(Car	unty)	(State)
	21. I certify the alive an Janu Actual SIGNATURE		deceas		death	M.D. The Clini	AM, from DORESS (Sire	the causes an et, city or town, st nter	d an the	date st	
		JOHN ROSS				National Bethesda	14, Ma	ryland		n	
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	160	22c. NAME OF CEN	METERY C	2) Ottonal	22d. LOCATIO	ON (City, tawn, ar	county)	(in	State)

ADDRESS.

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

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I	5	000	9	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	TO FULL A DIRECTOR: After this certificate has been signed by the attending physicion and completely if in by the funeral director,	-	the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.	

VS A15 (4)

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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889 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Montgomery b. COUNTY MARYLAND Maryland Montgomerv b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Olney 12 days Rockville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Montgomery County General Hospatal Route #1 YES NO IX NAME OF Middle 4. DATE Lost Day Year DECEASED JACOB EDWARD HARMON January 58 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Male White WIDOWED | DIVORCED June 11.1905 yes. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Clerk

Grocery Store

Pennsylvania 12. CITIZEN OF WHAT COUNTRY? U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Harmon Ida Heckman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown Hospatal Records 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) Haur a. fl. Nat while foctory, street, office bldg., etc.) While of work of work p. m. 21. I certify that I attended the deceased from December 19 57, to Jan 7, 1958, that I last saw the deceased alive on\_ \ and that death occurred at 4:50p.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S L. I. Leal, M.D., Gaithersburg, Md. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial (Specify) Rockville, "aryland Parklawn 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md. JAN 9

DATE

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	ATE OF DEAT			Reg. Dist.		
MARYLAND	2. USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	n: Residence		lmission)
of STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL and give	negrest	town)
- 0 -	X Derwood					
	d. STREET ADDRESS				0	RESIDENCE IN A FARM?
Middle	Lost	4. DATE OF	Man	th	Day	Year
rene	Harris	DEATH	Jan	19		1958
ER MARRIED [	8. DATE OF BIRTH		9. AGE (In years last birthday)		EAR IF U	INDER 24 HRS.
DIVORCED	Dec 30-188		73 yrs.	0 1	9	
Work	STRY 11. 8IRTHPLACE (Stole	10.00		12. CITIZE	N OF W	HAT COUNTR
MOLK	Bethesd		ld,	U	SA	
			E 318 D			
	Rebecca	r FA61				
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4	Archibald L	. Har	ris. De	rwood	. 10	
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G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1		REPORMED?
NJURY OCCURRE	D. (Enter noture of injury in	Port I or Por	1 11 of item 18.)			
	ACE OF INJURY (Home, fars clary, street, office bldg., et		or town)	(Cou	nly)	(Stote)
DEC . 26	, 19 <i>57</i> , to	TAN.	19 1058	that I las	t saw t	he decease
nd that death					udie \$	DATE SIGN
nd that death	9/1	WADAKEDD (2		1 1	0	
	un Christi	in MI	URG TY	2	View	19 195
Jer	M.D. 912 ith	in mn in mn	upg Ty	Ž	Jin	19,615
Ten	M.D CJ_J_ ith	4.12.5B	TION (CIN. 10 P. C. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. I. I. C. V. C. V. V. I. I. C. V. C. V. V. I. I. C. V. V. V. V. V. V. V. V. V. V. V. V. V.	<i>"</i> ;	Jan d.	(19, A)

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION NAME OF First DECEASED Virgie (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED N Female White WIDOWED [ 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOME HOME 13. FATHER'S NAME brasmus Perry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S 18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cotse (o), stoting the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HO MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF Hour o. m. While of work of v p. m. 21. I certify that I attended the deceased from alive on\_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S. Rosenbe Gordon 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. N/ REMOVAL (Specify) R 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gaithersburg. Md. Gartner. Ernest DATE N 2 2

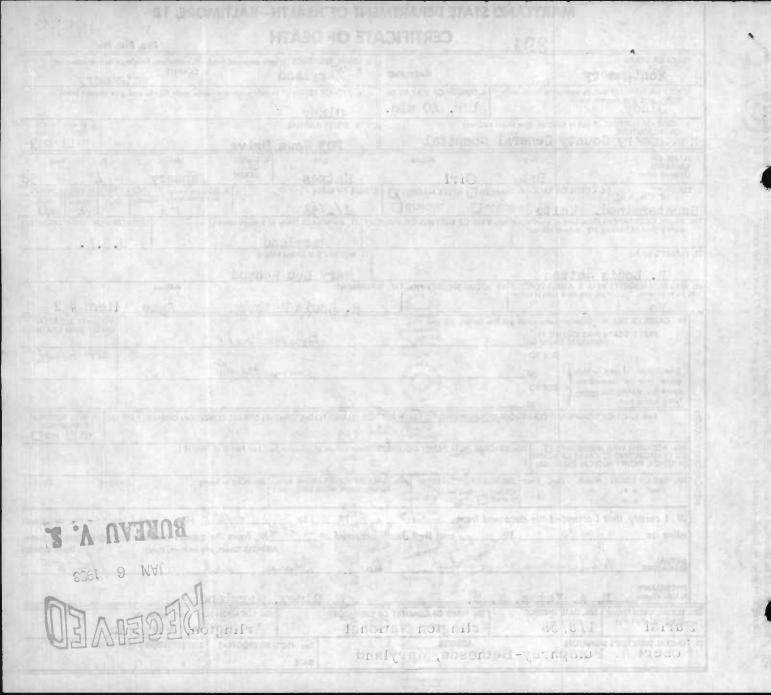
TY LAND STATE DEPARTMENT OF REALTH-STATE OF ALL THE 8361 36 NV. ATTENDED TO THE RESERVE OF THE PARTY OF THE PARTY. are a gardenal of the same of the same

DATE

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892

CERTIFICATE OF DEATH

Reg. Dist. No.

				Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATEMarylan	ere deceosed lived. If inst d b. COUI	itution: Residence to NTY Montgor	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)     Bethesda	c. LENGTH OF STAY IN 16 5 days10 hrs	c. CITY OR TOWN (If o	wa , Route		nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or institution Suburban Hospital)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Rufus	Payne Payne	Hebron		Month nuary	1 <sup>0</sup> 9
Maria	M	B. DATE OF BIRTH  January 9, 19	9. AGE (In ye last birthda 36	y)   Months   Da	EAR IF UNDER 24 HRS.  198 Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer	Wm. Mossberg	Darnestow	n, Maryland		S.A.
Pobert Hebron		14 MOTHER'S MAIDEN N	linda Payne		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		rormant ry Ester Hebr		Address rmantown	, Md. Rt. 2
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse last.  (b) DUE TO (c)	Chromi glon	ulero-neph			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT				PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Yeor 20d	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, tary, street, office bldg., etc.	, 20f. (City or town)	(Caur	nty) (State)
21. I certify that I attended the dece alive an	58, and that death	1958, to accurred at 920 p.  A.D. 4/11/4 c.S.A.  Bethe	ADDRESS (Street, city or to	es and an the	date stated abave.  DATE SIGNED  [ ] SS
220. BURIAL, CREMATION, 22b. DATE THEREOF 1/23/58	Poolesville	CREMATORY	Poolesvil	rn, as squnty)	(Stote)
23 PUNEAU DIRECTOR'S SIGNATURE PULLET LI SWOWALL	ADDRESS Rockville,	MA.	D BY REGISTRAR 24b. R	EGISTRAR'S SIGNA	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and campletely Wind in by the funeral director, page thauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pour and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

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			202	CERTIFIC	AIE OF L	EATH			Reg. Dist.	No.	
1.	PLACE OF DEATH	nterome	ew/	MARYLAND	2. USUAL RESID	Md.		. If institution b. COUNTY	Residence	note.	oney
	b. CITY OR TOWN (I	outside corporate limits	s, write ( c. LENG	3 % for stay in 16	c. CITY OR TO	Here	de corporate li	mits, write RL	JRAL end giv	e nearest la	wn)
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, gi Sulver	ve street oddress)		BOX	DDRESS 212	- Ra	ute.	3	e. IS R ON YES	RESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	J. d.	ella	Middle	He	ney .	DATE OF DEATH	Mont	th	Doy 15	Yeor 1958
5.	SEX F	6. COLOR OR RACE	7. MARRIED N	DIVORCED	Sept.	7,188	3 747	E (In years t birthday) yrs.	Months D	YEAR IF UN	
10	during most of work	ON (Give kind of work diking life, even if retired)	one 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHPL	M UR	areign country)	d	12. CITIZ	U S	AT COUNTRY?
13	FATHER'S NAME .	ee m	artir	7	14. MOTHER'S	MAIDEN NAM	eO.	u l	var	ren	
	. WAS DECEASED EVE	R IN U. S. ARMED FORC Jif yes, give war or dates of set	IES? 16. SOCIAL S	SECURITY NO. 17.	Ulyse	usfar	na	Addr	"Sa	me	
		ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (o)	27	i (alere	0					INTERVAL ONSET AN	
	586 X Conditions, if o	· (D)	obstru	etion of	Commo	a dent	t - beles	in Cal	cules	6 d	ays
	gove rise to i cause (o), stating lying cause lost.	DUE TO		•				/			/
CATION	491X 80	yst lowe	n lobe	males	emonia	- 170.00			EN IN PART 1	PER	S AUTOPSY FORMED?
L CERTIF	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature o	f injury in Part	I or Port II of	item 18.)			
MEDICA	Hour o.m.	Y Month, Day, Yea	While Not	CCURRED 20e. I	PLACE OF INJURY ( octory, street, office	Home, form, 2 a bldg., etc.)	20f. (City or to	wn)	(Co	onty)	(State)
	21. I certify the	nat I attended the	11	n		12 54 N	1, fram the				e deceased
	ACTUAL SIGNATURE	refiels.	Worlow	~	M.D. 47/1		A ALR			10	DATE SIGNED
	PHYSICIAN'S NAME (Type)				33 6	thesd	a m	8.			
27	BURIAL, CREMATIC	1/20/58		ame of CEMETERY leasant V	OR CREMATORY	220	Quince	Orchan	rd, Mi	• (S	late)
23	FUNERAL DIRECTOR	's SIGNATURE LISUOUR	11	ockville,	Md.	240. REC'D BY		12.01	TRAR'S SIGN	ATURE	

## BUREAU V. E. 8261 OS NA.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH

00861

, , ,			Keg	, DIST. NO.
1. PLACE OF DEATH o. COUNTY			Where deceased lived. If institution: Re	esidence before admission)
Montgomery	MARYLAND	o. si Waryla	nd b. COUNTMOR	ntgomery
b. CITY OR TOWN (If outside corporate limits, write RURAl and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write RURAL	and give nearest lown)
Bethesda		× Bethe	sda	
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
6907 Wilson Lane		6907 W	ilson Lane	YES NO
3. NAME OF DECEASED (Type or print) HELEN	I. Middle HIG	HT	4. DATE OF January 31	. 1958 Yeor
	ARRIED NEVER MARRIED B	. DATE OF BIRTH	Boot frieth-davit	DER TYEAR IF UNDER 24 HR
Female White WID	OWED TO DIVORCED	11/4/82	75 yrs. Month	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTR
Housewife	Own Home	Washingt	ion, D.C.	US
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Charles H. Ingram		Charlotte :	McGill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dotes of service)		NFORMANT	Address	
(Yes, no, er unknown) (If yes, give war or dotes of service)	C	harles H. H	light-Item# 2	
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary Occh	usion		3 hrs.
420.1 DUE TO				
Conditions, if ony, which) (b)				
gove rise to immediate couse				
(o), stoting the underlying couse lost.				1 2 5 3 5 3 5
	NS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION  20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				YES NO
	SCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Par	t I or Part II of item 18.)	
2	1 fund	CE OF INJURY (Home, formary, street, office bldg., etc.	n. 20f. (City or town)	(Caunty) (State)
Hour a. m. p. m. 19	While Not while of work of work	ury, sireer, ornice blog., elic	7 4	
21. I certify that I took charge of t	the remains described obo	ve, held on Autops	y , Inspection X, Ing	uiry [X], ond in my
opinion deoth resulted from: Notu	rol causes 🛅 , Accident (	, Suicide ,	Homicide . Undetermine	
ACTUAL SIGNATURE SIGNATURE	Brow hast	M.D. CHIEF MEDICAL E	XAMINER [	DATE SIGNED
SIGNATURE JAMES J	Sepro Cricos	ASSISTANT MEDIC	AL EXAMINER	
RAME (Type) Frank J. Br	oschart	DEPUTY MEDICAL	EXAMINER T	1/31/58
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lawn, ar count	
Bur Transit 2/1/58	Woodlawn		Nashville, Tenn.	-1
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246 REGISTRAR'S	SIGNATURE
Robert A. Pumphrey-	Bethesda, Maryl	and DATE FI	EB 3 50 000.00	
		- ALILE		

TO DEPUTY 4 sh TO FU VS. A15ME 5M 2/57

TY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be fined for your files. At DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the cate Board of Health, designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

its designated agent, prior to burial, cremation.

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100 1328			TANCETON CANCELLAND
OBACEDA ED	register at the control of the contr	CHILDREN SHOWS TO ASSESSED.	M 2/2 N 2 1 3
Special process			Parties Transport and Transport

823 **CERTIFICATE OF DEATH**  00863

Reg. Dist. No.

- ]	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
4	o. COUNTY Montgoinery MARYLAND	o. STATE Zuas kenata b. counts
	b. CITY OR TOWN (If outside carporate finits, write RURAL, and give neorest lawn)	c. CITY OR TOWN (If autside proporate limits, write RURAL and give nearest tawn)
	Takoma Park, 2 days.	47x.3
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
5	Washington Son 1 Hosp.	325 Paa Sody St. N.W. YES [] NO []
	3. NAME OF DECEASED First Middle	, Lost 4. DAT Month Day Year
	(Type or print) Abe None	Hoffman DEATH lan 4 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED	B. DATE OF BIRTH 9. AGE ON yours IF UNDER 1 YEAR IF UNDER 24 HRS.
	M. WIDOWED DIVORCED	Jan 17-97 lost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Caterer.	Russia ZI.S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Н	Sam Hathan	Sadie O'Hlerna
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	(Yes, no. or unknown) (If yes, give wor oridates of service)	the second
-	18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]	
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	502 DUE TO	mans him so hise very 3 yrs.
		2011/1/1/1/1
	Canditians, if any, which gave rise to immediate	includes WM Broker ashing 2040
	cause (a), stating the under-	
	lying cause last. ) (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
7		YES NO Ø
	W TOR CONTRIBUTING LI CAUSE OF DEATHI	). (Enter nature of injury in Port I ar Port II af item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. n. 19 While Not white of work of work	ICE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	p. m. 19 at work at ot work	O
- 1	21. I certify that I attended the deceased from Sent 27	101 10 lan 4 101 that I lost you the down
	alive on 19 , 19 , and that death	occurred at 1030M, from the causes and an the date stated above
1	Communication decimal	ADDRESS (Street, city or Jawn, stole)  DATE SIGNED
1	ACTUAL	-20 KI -16 8 H
-	SIGNATURE	1.D. 7033 - 16 Q':N, W
	PHYSICIAN'S IRWINILOYAGER	MD.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) / (Stote)
	REMOVAL (Specify) 1/6/58 NitiLebano	on Cemetery Hyattsville, Md.
	3. FUNERAL DIRECTOR'S SIGNATURE by a Soul ADDRESS 14 = 57	MAL DE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	13, Wangan Day 45000 3501-14 31	1054.DL DATE DATE 1887 58 Websch

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VS A15 (4) 15M 9/55

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**CERTIFICATE OF DEATH** 

110864 Rea Dist No

							ING 91 DIST	110.	
1. PLACE OF DEATH				2. USUAL RESIDENCE	E (Where decease	d lived. If instituti	on: Residence	before adr	nission)
Montgome	ery		MARYLAND	Maryland			gomery		
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate limitearest town)	its, write	c. LENGTH OF STAY IN 18			rote limits, write R	URAL ond give	e riearest to	own)
Sandy Sy	ring		Home	X Sandy Sr					
OR INSTITUTION	TAL (If not in hospital, (	give street	oddress)	d. STREET ADDRES	27 10 10			10	RESIDENCE N A FARM?
2 114442 00				Brooke					
3. NAME OF DECEASED (Type or print)	Fit	nnie	Middle Miral	n Hopki	4. DATE OF DEATH	Janua		Day 30	Yeor 19 58
5. SEX	6. COLOR OR RACE		HED NEVER MARRIED			9. AGE (In years	IF UNDER 11	29	
Femèe	Negro	WIDOWI		May 25.	1875	lost birthdoy) 82 yrs.	Months De	ays Hou	Min.
IOa. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN			ountry)	12. CITIZE	EN OF WH	AT COUNTR
during most of wor	king life, even if retired	)					77	C A	
None				Maryla			0	.S.A.	,
	town Cnord	on			Wright				
	teven Snowd		SOCIAL SECURITY NO. 117	, INFORMANT	MITEII	Add			
(Yes, no, or unknown)	(If yes, give war or dates of t	service)	SOCIAL SECURITI NO. 17					_	3
No				Montgomery (	County G	eneral Ho	spital	Reco	rds
		ouse per li	ne for (o), (b), and (c).]	7 1 1.				INTERVAL	BETWEEN ND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Congestiv	e Heart t	railux			40	175
1443X	DUE TO		11	, , ,	1				
Conditions, if	ony which \		Straking	claratio	Heart	A I Sea CP	90 17 1	1	45
gove rise to	immediate (		MILICIONS	cherolic.	March	210000		-	
lying couse lost.			Hypert	Tansini la	xdio va	scular &	1stax	Y	15
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	TERMINAL DISEAS	E CONDITION GIV	EN IN PART I	(o) 19. WA	AS AUTOPSY REORMED?
3			,					YES	
PART II. OT	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCUR	RED. (Enter nature of injur	y in Port I or Por	t II of item 18.)			
		1001 11		N 1 55 05 W 1010 W 111	. Look day				
20c. TIME OF INJUI Haur o. n.		While	NJURY OCCURRED 20e. Not white	PLACE OF INJURY (Home, factory, street, office bldg.	torm,   20f. (City ., etc.) !	or town)	(Cou	unty)	(State)
p. m.	19	of wor			1		,		
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SIGNATURE	1.4		0 (1)	M.D				10	108
PHYSICIAN'S NAME (Type)	C. H. Lig	on.	D.	San	dy Sprin	g. Maryla	and	1	
220. BURIAL CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMETERY			TION (City, town,		10	itote)
REMOVAL (Specify	2/2/58		Sandy Sp			y Spring		(2	noiej
23. FUNERAL/DIRECTOR	'S SIGNATURE	1	ADDRESS			RAR 24b. REGI		ATURE	
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th certificate be executed within 24 h		ding physician and completely alled i	ise remave carbon papers. Pag	n 72 hours after doubh
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4	al ar attending physician.	his certificate has been signed by the attend	use as the burial-transit permit. Then plear	sithing or removed and in any event within
TO HOSPITAL OR ATTENDING P	may be retained by the haspital	TO FU AL DIRECTOR: After th	pag. Thould be detached for	the registron prior to buried crea

		MARY		Items 9 FilmG2	ATE OF DEATH		MORE, 1	8			
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	COUNTY	2335		MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased li	b. COUNTY				HON)
b	Montgome	If autside corporate lin	nits, write	c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN (If or	utside corporat		ntgon	- 11		n)
	Olnev	earest town)		10 days	26 Rockville						
d		TAL (If not in hospital,	give street	oddress)	d. STREET ADDRESS					e. IS RES	POENCE
		County Ger			312 Nimit	z Ave					FARM?
3. N	AME OF		irst	Middle	Lost	4. DATE	Mont	th	Do	у '	Year
	ype or print)	Ro	ger	Rrancis	Howrigan	OF DEATH	Janua	rv	8		19 58
5. SE	x	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	IF UNDER			1
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13. F	THER'S NAME				14. MOTHER'S MAIDEN N	AME					
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	AS DECEASED EVI	R IN U. S. ARMED FO (If yes, give years dates of		SOCIAL SECURITY NO. 17. I	NFORMANT		Addr	ess			
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			ouse per li	ne for (o), (b), and (c).]				1715	INTI	RVAL BE	TWEEN
-	PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	0)	3roucho p	nevuo	u i c					• • • • • • • • • • • • • • • • • • • •
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CERTIFICATION				CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVI	EN IN PAR	T 1(o) 1	PERFO	AUTOPEY PRINCO? NO
CERTIF	Oa. ACCIDENT W. OR CONTRIBUTING OF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Port 11	of item 18.)				
- 0.0	Hour a. j., p. m.		or 20d. II	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or	town)	(0	Caunty)		(Stote)
	1. I certify th	nat I attended the	deceas	ed fram /) Q C	19 - 7 ta /	18	10 5	C,that I	last so	w the	deceas
- 1	live an	1.8	12 v	C	occurred at	M. fram t					
		/	/			DDRESS (Stree	t, city or town, s	stote)	10 00		ATE SIGN
	CTUAL IGNATURE	/ - /	1	2.	M.D						
	HYSICIAN'S IAME (Type)	L. I. Lea		D.	Ga	ithers	ourg, Md	L <sub>e</sub>			
	BURIAL, CREMATIC	1/10/58	OF	22c. NAME OF CEMETERY O George Washi	R CREMATORY Ington Cemete		N (City, town, o		Md	(State	e)
23. F	INERAL DIRECTOR	'S SIGNATURE	13.7	ADDRESS		BY REGISTRAL	The state of the s		_		
	r) a	a box								6	
	F. Ga	sch's ons	s Hya	ttsville Md.	DATE	15 W 4 2 10	0 00	0		/	

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3. NAME OF DECEASED (Type or py of 5. SEX 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sight or foreign country) duging most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Hour 19.5 21. I certify that I attended the deceased from. TNUARY, 1958 that I last saw the deceased 14 M, fram the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL GREMATIONS 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or county) PENOVAL Specify St. Stephens Episcomal Catlett, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE Wash, D.C 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE The S.H. Hines Co., 2901 14th St. N.W. DATEFR

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e. IS RESIDENCE ON A FARM? YES NOT

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN

OMSET AND DEATH

1/10/58

WAS AUTOPSY PERFORMED?

YES NO

(State)

(Stote)

Doys

(County)

U.S.A.

Year

1958

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Months

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		900	CERTIF	ICATE OF DEAT	H		Reg. Dist. No	. 0	44
1	PLACE OF DEATH	ontgomery	MARYLA	2. USUAL RESIDENCE (VO. STATE Mary)		lived. If institution b. COUNTY	n: Residence bef		ion)
r	b. CITY OR TOWN (II	outside corporate limits, write	c. LENGTH OF STAY IN			ote limits, write RU			1)
1	RURAL ond give no Silver Sp		5 years	56 Silver	Spring				
ı		AL (If not in hospital, give stree		d. STREET ADDRESS	-1			e. IS RES	IDENCE
	OK INSTITUTION	2826 Munson S	treet	2826 Mu	nson St	reet			FARM?
3	NAME OF	First	Midd	last	4. DATE	Mantl	h D	ay	Year
	(Type or print)	EFFIE	CRUM	JEHLE	DEATH	January			1958
5	. SEX	6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH	9	9. AGE (In years	IF UNDER 1 YEA		
	female	white widow	VED DIVORCED	November 6,	1881	lost birthdoy) 76 yrs.	Months Doys	Hours	Min.
T	00. USUAL OCCUPATIO	N (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (Sto	e or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTR
1	housewi.f			New Y	ork.		U.S.	Α.	
ī	3. FATHER'S NAME			14. MOTHER'S MAIDEN					
	Lafayet	te Crum		Mary Os	borne				
	S. WAS DECEASED EVER		SOCIAL SECURITY NO.	17. INFORMANT		Addre	Name of the	Chan	- 4
L	no		no	Mr. Robert A.	Jehle.		Munson pring.	Maryl	
	18. CAUSE OF DEA	TH [Enter only one couse per	ine for (o). (b). ond (c).]	17 .17			IN	ERVAL BE	TWEEN
1	PART I. DEA	TH WAS CAUSED BY:	nouse h	replication			7	SET AND	Oach
ı	1592X	DUE TO	1. 1	/ ./	21				
1	Conditions, if or		Periorclara	gis Janera	leges	2	/	5-41	ace
ı	gove rise to in	nmediate ( Dus 70							
L	lying couse lost.	(c)							
	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY RMED?
	3								NO Z
	- 20- ACCIDENT WA	CAUSE OF DEATH	SCRIBE HOW INJURY OCC	URRED. (Enter nature of injury is	Port I or Port	II of item 1B.)			
	(IF ETIMER, NOTIFY	MEDICAL EXAMINER)							
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Year 20d.		le. PLACE OF INJURY (Home, for foctory, street, office bldg., e		or town)	(County	)	(Stote)
	p. m.		Not while ork of work						
	21. I certify the	at I attended the decea	sed from 20 Men	ch , 1946, to 1	JAN	1958	,that I last s	aw the	decease
	alive on 30	10ac 19:		eath occurred at 4	A_M, from	the causes ar	nd on the do	ate state	d above
1	1	100				eet, city or town, s			TE SIGNE
	ACTUAL SIGNATURE	172/11	ellu	M.D. 7112 W	ellow	Aur	1.	Jan	1950
	PHYSICIAN'S NAME (Type) G	B Oueen MD		Takou	. Post	- Md			
2		B. Queen MD N. 22b. DATE THEREOF	22c. NAME OF CEMETE			ON (City, town, or	country		
			I TAM I ADMIN OF CHAILE	NI OR CREMMICKI	I ZZU. LUCATI				
	REMOVAL (Specify)							(State	
2	REMOVAL (Specify) Cremation 3. FUNERAL DIRECTOR:	Jan. 2,1958	Fort Linco	ln		ce George		Mar,	

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Reg. Dist. No.

				Neg. Di	31. 110.
1. PLACE OF DEATH   o. COUNTY   LIGHT GOMENY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution: Resident COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write gural and give nearest town)	9 days	X Rocky,	utside corporate limi	ts, write RURAL and	give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION)	+ Hospital	R. E. D.	#1		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Johnson	4. DATE OF DEATH	Month	Day Year 4- 1958
11 11	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE lost 1	(In yeors orthogy)  Wonths  Wrs.	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S1016	or foreign country)	12. CII	1.5.4.
alfred Johnson		14. MOTHER'S MAIDEN N	41	amste	ad
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   IVes. no. or unknown)   IV yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. I	oshington	Sinitari	Address + A	Lespital Rea
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost.  (c)	11,	portal	cianho	ion hage	ANTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PAR	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of ite	em 18.)	
Hour o.m. Whi	la.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		) (d	County) (State)
21. I certify that I attended the deceded alive on Jan 3 19  ACTUAL SIGNATURE PHYSICIAN'S FINO MAGE  NAME (Type) FINO MAGE  OF THE STATE OF THE STAT	58,, and that death	occurred of 925 A		couses and on the	last saw the deceased he dote stated obove. DATE SIGNED . E., // 4/58.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/7/58	22c. NAME OF CEMETERY O	R CREMATORY		ty. town, or county)	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphrey-Be	ADDRESS		D BY REGISTRAR	246. REGISTRAR'S SIG	GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely first in by the funeral director, page thould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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	MITLAN STATE DEPARTMENT OF HEALTH-NALTIM	
	PRAME CERTIFICATE OF DEATH.	
	Latitude and the state of the s	Call and the same of the same
	Chromos Carren	
	of Mileston Despite the Committee of the	
BUREAU K. E.		
8261 8 MA <sup>1</sup>	ACTION NO. 10. PROPERTY OF THE SECOND	
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PECENTA		

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	Reg. Dist. 140.
1. PLACE OF DEATH  a. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside/carporate limits, write c. LENGTH OF STAY IN The	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL and give nearest town	C. C. I. O. T. O.
1 akoma rayk 10 days	Washington 4/1-3
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Washington Janitarium & Hospita	1 4201 Argyle lerrace N. IN YES NO IN
3. NAME OF DECEASED (Type or print) Mrs, Emma Zenda	Lost 4. DATE Month Doy Year OF DEATH Jan 5 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
remale white widowed Divorced	Dec. 20, 1879 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INEduring most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTI
Housewife	Texas U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Rece Anderson	Melissa Norris
(Yes, no. or unknown) (If yes, give wor or dates of service)	. INFORMANT Address
No None	Hospital Kecords
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 7/REMILE	ONSET AND DEATH
199 / DUE TO	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/2/3
Canditions, if any, which gave rise to immediate (b) - (b)	Corcanomicos 4760 mos
cause (o), stoting the under-	
lying cause tast. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a.m. 20d. INJURY OCCURRED 20e. White Not while at work at work 20d wor	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) (City or tawn) (Caunty) (State
21. I certify that I attended the deceased fram New 2	2 . 1957, to few 5 . 1957, that I last saw the decease
	·
alive on 19 2, and that dea	
ACTUAL Of Della in the Control	ADDRESS (Street, city or town, state)  DATE SIGN
SIGNATURE Siery ann Vecicion	M.D. / 133 axaibil aut. Mil 1100 17 L
PHYSICIAN'S Benjamin Isaacson	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify) 1/7/58 Parklawn	Rockville, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, N.	6
nober o A. Tumpmey-Dechesua,	DATE 1881 0 150   OAD

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely to page. Thould be detached for use as the burial-transit permit. Then please remave carbon papers. Page the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5S

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N			371	CERTI	FIC	ATE OF DEATH	1		Reg. D	ist. No.		
	PLACE OF DEATH  o. COUNTY  Montgomery  Maryland  2. USUAL RESIDENCE (Where deceased lived. If institution, Resion STATE  District of Columbia								nce befor	e odmis	sion)	
	Bethesda	autside corporate limi arest town)	ts, write	174 da		c. CITY OR TOWN (If a		rate limits, write		give neo	rest law	n) /
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street or	ldress)		d. STREET ADDRESS		Street		aT I	ON A	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fir Ann	st	Middle Javo		tosi Jugo	4. DATE OF DEATH	Mo	onth uarv	001		Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	EO)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS.
E	'emale	White	WIDOWED	DIVORCE	0 🗆	December 21,	1951	6 уг		Days	Hours	Min.
100	during most of work  Child	N (Give kind of work ing life, even if retired	done 10b. K	IND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (Slote Washing			12. CI		F WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
	Ar	nton Jugo				A POLYMENT	Rosa	nda Mar	ot			
		R IN U. S. ARMED FOR		OCIAL SECURITY NO	. 17. 1	NFORMANT The Med						
	No	ir yes, give war or agree or s	ervice)	None	T	he Clinical C	enter.	Bethese	da 14.	Mar	yla	nd
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Pulmo	-	y edema				ONS	RVAL BE ET AND 2 hear	ETWEEN DEATH
	Conditions, if an			myoca	dit	Ten .				3	100	2
2	gove rise to in cause (a), stating t lying couse lost.		)	Deemoto	my	onté				20	m	v= .
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	MTRIBUTING TO DE	Pate	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 15	PERFC	AUTOPSY DRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRE	D. (Enter noture of injury in I	Part I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yes	While	URY OCCURRED  Not white  ot work		ACE OF INJURY (Home, form clary, street, office bldg., etc		or tawn)		(County)		(Stole)
	21. I certify the	at I attended the lary 15	deceased			19.57, to Jan occurred at 11.45A	nuary.	15 1958	3.,that I	last sa	w the	deceased
	ACTUAL SIGNATURE	PeterT	Road	Pay		M.D. The Clinic	address (si	reet, city or town	i, state)		1-1	ATE SIGNED
	PHYSICIAN'S NAME (Type)	Peter T. R	owley,	М. D.		The Nation Bethesda			of h	ealt	h	
ے	BULL9	N. 22b. DATE THEREC	58	WASH	NA	Th CEMETERY		TION (City, town,	or county)		190	70
23.	FUNERAL DIRECTORS	SIGNATURE CAMER	2 Co	ADDRESS C	Wa Cha	16, 240. REC	D BY REGIST	RAR 24b. REG	ISTRAR'S SI	GNATUR	E	

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DECENTED		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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VS A15 (4) 15M 9/55

	i	912	CERTI	IFIC.	ATE OF DEAT	Н		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY  Mon	tgomery		MARY	YLAND	2. USUAL RESIDENCE (W o. STATE Maryla		l lived. If institution b. COUNTY		time		ion)
b. CITY OR TOWN (IF RURAL ond give need be the sda		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF Baltim			URAL and	give ne	arest lawr	1)
d. NAME OF HOSPITA OR INSTITUTION The Clinic				íd.	d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Niko	st	Middle (None		Kazimiruk	4. DATE OF DEATH	Janua		26	,	Yeor 19 58
5. SEX Male	White	WIDOWE	_	D		1888	9. AGE (In years last birthdoy) 69 yrs.	Months Months	R 1 YEAR Days	Hours Hours	ER 24 HRS. Min.
Carpenter	N (Give kind of work ing life, even if retired		onstruction		STRY 11. BIRTHPLACE (Stote Russia	or foreign co	ountry)		S.A		COUNTRY
13. FATHER'S NAME Mike Kazim	iruk		Garl I		Dorothy Ka	zimirul					
15. WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	nascertain	-	nformant The Me				14,	Mar	yland
Conditions, if on gave rise to in couse (o), stating t lying couse lost.	he <u>under-</u> DUE TO	Upj eso Do	prageal l	vori Vari	nichnal Han acs, of Live NOT RELATED TO THE TERM	nornha er	ge from		11		ecims.
PART II. OTH  200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	S UNDERLYING [] [] CAUSE OF DEATH [MEDICAL EXAMINER]	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Port I or Port	It of item 18.)				NO [
	Month, Day, Yes	While	Not while at work	20e. PL fa	ACE OF INJURY (Home, fornation, street, affice bldg., etc	m, 20f. (City	or town)		(County)		(Stote)
actual signature		ynn,	8 , and that Jr., M. D	death	M.D. The Cli	A M, from ADDRESS (SIR NICAL ()  1 Instial ()	reet, city or town,	ind an store)  Hea	the da	te state	ed abave 27/58
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TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the hospital or attending physician.	DIR	page should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filled with	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	
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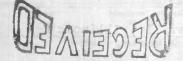
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	PLACE OF DEATH	Montgomery		MARYLA	MD	2. USUAL RESIDENCE (Who	n, D.	C . b. COUNTY	n Residenc	e before	e admission)
	Be the so	(If outside corporate limine nearest town) (Rural)	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF or Washingto	_		RAL and g	ive near	est town)
	U.S. NAVE	PITAL (If not in hospital, gall Hospital,	ive street Be the	esda, Md.		d. STREET ADDRESS 1828 "Q"	Stre	eet, S. E.			NES NO TE
	NAME OF DECEASED (Type or print)	Russell	st	Middle Watson	KEI	ENEY Lost	4. DATE OF DEATH	Month Janua		Doy 11	Yeor 19 58
5.	sex Male	6. COLOR OR RACE White	7. MARS	NEVER MARRIED  DIVORCED	_	8. DATE OF BIRTH 29 December	1897		-	Doys	Hours Min.
L	Congres	orking life, even if retired	dane 10b.	kind of Business or Congressman		Tllinoi	s	country)		J.S.	WHAT COUNTRY
	Walter				r.=	14. MOTHER'S MAIDEN N. Kittie					
IS. (Ye	Yes	VER IN U. S. ARMED FOR (If yes, give wor or dates of so WWI	CES? 16.	Unknown	17, 0	Official Na	vy Re	Addre	55		
7	Conditions, if gave rise to couse (a), stotin lying cause los	g the <u>under-</u> DUE TO		nocurino		n Pres ta l'é cull	tkm.	ultiple m	ites	36-	T AND DEATH
CERTIFICATION	20a. ACCIDENT V	VAS UNDERLYING CON GOVERNMENT CON CONTROL CONT				O. (Enter nature of injury in Po			N IN PART	1(0) 19	PERFORMED? YES A NO
MEDICAL	20c, TIME OF INJU Hour a. m p. m	. 10	20d. II While of wor	_ Not while _		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)		y or town)	(C	ounty)	(Stote)
	actual signature Physician's	that I oftended the January  A. A. GALUSZ	lus	and that d	cemi		M, from	m the causes are Street, city or town, s pital, Beth	nd on th note) nesda	, Md .	pare signed above 1-12-58
	BURIAL CREMAT REMOVAL (Specif Burial	1-17-58		22c. NAME OF CEMET	e I	rot. Cemetery	Ne	ATION (City, town, or	, Ill		
	Lee Funer		h and	ADDRESSWashi Mass., Ave.			JAN 1		RAR'S SIG	Auc	h

### CERTIFICATE OF DEATH

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
TH DEPT.	1, PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUR and give nearest lown)
00	d. NAME OF HOSPITAL OR INSTITUTION (Il not in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS
ed in	3. NAME OF DECEASED  First  Middle  Lost  A. DATE  Month  OF
	(Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED DI NEVER MARRIED B. DATE OF BIRTH  9. AGE kin years for (by Inday)  Mo
	100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
(I)	13. FATHER'S NAME  P. E. P. Co. Wash DC  14. MOTHER'S MAIDEN NAME
	Thomas & Helley S. Barrett  15. WAS DECEASED EVER IN U. STARMED FORCES? 16. FOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) 1 (II yes, give for or dates of service)  Address
n ony	no Eliz Barrett Kelley-
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DUE TO
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying DUE TO
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . I opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined .
0000	ACTUAL FIRM OF BOARD IN THE CHIEF MEDICAL EXAMINER TO
2	EXAMINER'S FIAMINER DE LA CONTROL DE LA CONT
	220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or co
0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 200 - N ST. NW 240. REC'D BY REGISTRAR 240. REGISTRAR

Reg. Dist. No. sosed lived. If institution: Residence before admission) orporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Yeor 19 58 251 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗌 NO K (County) (State) Inspection A. Inquiry A. and in my Undetermined manner DATE SIGNED

(Stole)

246 REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		828	CERT	IFICA	ATE OF DEATH		R	g. Dist. No.		
1	PLACE OF DEATH O. COUNTY Montan	mery	MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived	b. COUNTY	Residence befor	e admission	1)
1	b. CITY OR TOWN (If outside carpo RURAL and give nearest town) Takoma (a)	rate limits, Write	c. LENGTH OF STAY	100	c. CITY OR TOWN (IF or	utside corporate li	mils, write RURA	2. 47	X-3	*
	d. NAME OF HOSPITAL (IF not in he or INSTITUTION V/QS/nington		Yospital	No. of the last of	642 Jeffe	erson S	st. N. E		ON A F	ARM?
3.	NAME OF DECEASED (Type or print) TY U	Man	Almono	1 1	Kennedy	4. DATE OF DEATH	Jan,	20		58
	SEX maje 6. COLOR O	te WIDOWI	_	DO	Nov. 30, 19	17 3	birthday) Me	UNDER 1 YEAR	Hours	24 HRS. Min.
U	during most of morking life, even	refired)	ctail Cle	or indus	TRY 11. BIRTHPLACE (Stole of	or fareign country	)	U.S. A		OUNTRY
13.	Frank Ken.	nedy			Lula 1	ame Mase in	ner			
15. (Ye	WAS DECEASED EVER IN U. S. ARM	AED FORCES? 16.	SOCIAL SECURITY NO	). 17. IN	espital R	ecord	Address			
	18. CAUSE OF DEATH {Enter on PART I. DEATH WAS CAUSED IMMEDIATE OF PART I. DEATH WAS CAUSED IMMEDIATE OF PART I. DEATH WAS CAUSED IMMEDIATE OF PART I. DEATH WAS CAUSED IN THE PART I. DEATH WAS CAUSED IN THE PART I. DEATH WAS CAUSED IN THE PART IN	ED BY:	e for (o), (b), and (c) astapine ungery	teri fo	Shook Carcine	we /	valeri		ET AND DI	
TIFICATION	20g. ACCIDENT WAS UNDERLYING	3 🗍 20b. DESC			NOT RELATED TO THE TERMIN			IN PART 1(a) 15	PERFORM	TOPSY NED?
MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAI 20c. TIME OF INJURY Month, D Hour a.m., p. m.	oy, Year 20d. It	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	20f. (City or to		(County)		(State)
	21. I certify that i attend alive on Actual SIGNATURE	the decease 195		deoth	occurred at 1232	M, from the	causes and		e stated	
220	PHYSICIAN'S NAME (Type)  BURIAL, CREMATION, 122b. DATE REMOVAL (Specify) DUPIAL  1/2	THEREOF 23/58	22c. NAME OF CEM		CREMATORY Vational Cer	22d. LOCATION (	City, town, or co	Va.	(State)	
23.	FUNERAL DIRECTOR'S, SIGNATURE	de.	ADDRESS 29	01-6		BY REGISTRAR		R'S SIGNATUR		

	CERTIFICATE OF DEATH	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	16		Reg. Dis	No.
1. PLACE OF BEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Virginia	ed lived. If institution, Residence b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Gaithersburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp Roanoke	orate limits, write RURAL and gi	ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give ASDURY Methodist Home	street address)  for the Aged.Inc	d. STREET ADDRESS 321. Berkeley A	lve., Va. Heigh	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Theodosia	Middle Earnest	Lost 4. DAYE OF DEATH	Month 4 Jan	Day Year
Female white	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH February 13,1861		YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	e 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign Virginia.		ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Abram Moody		America Beckne	er	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give wor or dates of service)		nformant sbury Methodist Ho	Address ome, Gaithersbur	rg, Md.
Conditions, if any, which gave rise to immediate cause (a), stating the under.    ying cause last.	Carolis vascu	Schrillabar las divise con	gntisfa lus	4 hre 2 yez
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  Ulf EITHER, NOTIFY MEDICAL EXAMINER	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Po	ort It of item 18.)	
Hour o.m.		ACE OF INJURY (Home, form, 20f. (Ci ctory, street, office bldg., etc.)	ty or town) (Co	ounty) (State)
21. I certify that I attended the de olive an	1958, and that death Glover	1956, to 1-2- n occurred of 2100M, fro ADDRESS ( M.D. 41208 ANTHO		ost saw the deceose e date stoted above DATE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCA	ATION (City, town, or county)	(State)
REMOVAL (Specify) Runial 1-27-58	Forest Oak	G	aithersburg.	Md.
23. FUNERAL DIRECTOR'S SIGNATURE Ernest C. Gartner	. Gaithersbur	£ . N d e 240. REC'D BY REGIS		NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be calained by the hospital or attending physician.

TO FU. AL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 7 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter-death. VS A1S (4) 15M 9/S5

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YES NO

(State)

DATE SIGNED

Year

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MUNRYLAND STATE DEPARTMENT OF HEALTH SALTIMORE, IS

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MARYLAND STATE DEPARTMENT	IT OF HEALTH—BALTIMORE, 1	8
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			907	CERT	IFIC	ATE	OF DEATH	1		Reg. D	ist. No		1
3	PLACE OF DEATH O. COUNTY Montgomery			MAR	YLAND	0	ISUAL RESIDENCE (Wh I. STATE Maryland	ere decease	d lived. If instituti b. COUNTY		nce befo	re odmiss	sion)
	b. CITY OR TOWN (If		ts, write	c. LENGTH OF STA	Y IN 1b	(	CITY OR TOWN (If a	utside carpo	orate limits, write R	URAL and	give ne	arest law	n)
	Bethesda, Me	- / \		2 days		X	Chevy Chase	,					
	d. NAME OF HOSPITA OR INSTITUTION U.S. Naval				ves.	11/	d. STREET ADDRESS	37 D] 11	A Ant #7			e, IS RES	FARM?
	NAME OF	HOspital,	el MINICO	Bethesda, Middl		Ш	5029 Bradle		Work AT	ah.	1		
	DECEASED (Type ar print)	Da <sup>*</sup>	vid	Arthu		LAM	CZYK	4. DATE OF DEATH	Janua		2	•	1958
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	RIED X	8. DA	TE OF BIRTH		9. AGE (In years tost birthday)	IF UNDER			ER 24 HRS.
	Male	White	WIDOWED	DIVORC	ED 🔲	2'	7 December	1957	yrs.	Months	Days	Haurs	Min.
100	. USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (State	ar fareign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY?
-	None			Vone			Maryland			U.	S.		
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN N	IAME					
	Everett Eu						Zirginia LO	NAMHC					
	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of s		OCIAL SECURITY N	0. 17. 1	INFOR	MANT		Add	ress			
	No		No	one	(F	ath	er) Everett	E. I	AMCZYK	(Same	as	#2)	
		TH [Enter anly ane co	use per line	far (a), (b), and (c)	1-]			1.			INTI	ERVAL BE	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (o	Er	thro bla	1500	515	Foetal	13					
	110.0	DUE TO					On New York	1.1.	11				
	Canditians, if an		RA	Bleed	6-17	110	/mcompa	1011	1/2		6	de	
	cause (a), stating t						0						
7	lying cause last.	) (c											
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS <u>CC</u>	INTRIBUTING TO DI	EATH BUT	TON	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAI	RT 1(a) 1	PERFO	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY (	OCCURRE	D. (En	ter nature of injury in f	Part t ar Par	t II af item 18.}				
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye	or 20d. fN.	URY OCCURRED Not while	20e. Pl	ACE C	F INJURY (Home, form, street, office bldg., etc.	20f. (City	or town)		(County)		(State)
ME	p. m.	19	at wark	at work							93.1		
	21. I certify the	at I attended the	decease					Janua		8that I	last so	w the	deceased
	alive an 2 J	anuary	., 19	58 , and tha	t death	acc	urred at 8:45A	A.M. fran	n the causes o	and an I	he da	te state	ed abave.
		6	21	0				ADDRESS (S	treet, city or town,	state)		Di	ATE SIGNED
	SIGNATURE LA	dam V.	1ha	ph.		M.D.	U.S.Naval H	Hospit	al, NNMC,	Bethe	sda	Md.	1-2-58
	PHYSICIAN'S A.A.	m miton	2		3.7								
	NAME (Type) AC	am T. THOR	P JK.	LT MC US	N		U.S. Naval I	Hospit	al, Bethe	sda,1	Id.		
220	BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEA					TION (City, tawn,	or county)		(State	e)
-	urial	1-6-58			n Na	tio	nal Cemete		Arlington			gini	a
23.	FUNERAL DIRECTOR'S		4	ADDRESS		10		BY REGIS	TRAR 24b. REGI	STRAR'S SI	GNATU	EE /	. 1
R	VA! Pumphr	231755KN2	seons	in Ave.Be	thes	da	Md. DATE	6 1	05b 4	11	. 1	redr	ich

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ar removal, and in any event within 72 haurs after

its designated agent, prior to burial, cremotion,

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 0 10 Item 3 Film	1225 2-10-50 et Reg. Dist.	No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
Montgomery MARYLAN	o STATE Maryland b. COUNTY Montg	gomery
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re nearest lown)
Silver Spring	X1104 Lancaster Road,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Johnson Rest Home	Takoma Park,	YES NO
3. NAME OF DECEASED (Type or print) WILLIAM OF TIMES LAM	PTON Lost January 31,	19 58
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED WIDOWED DIVORCED DI	8. DATE OF BIRTH  Apr. 6. 1872  9. AGE  In years   IF UNDER 1YE   Months   Day    85   yrs. 9	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)		
during most of working life, even if retired    Retired-Plate printer   Printing	Cedartown, Georgia	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William M. Lampton	Sue Battle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
Yes, no, or wishown)   If yes, give wor or dotes of service)	Wm. N. Lampton-Same Item #2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebral Infa	No. 1. L. 2	12 days
332X DUE TO		
[   Conditions, If any, which ] (b) Cerebral Arte	riosclerosis	vears
gave rise to immediate cause (a), stating the underlying DUE TO		-
cause last. 903.7) (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	19. WAS AUTOPSY
Bilateral bronchopneumonia		PERFORMED?
Bilateral bronchopneumonia  200. External cause was primary 0 or Contributing 0  Cause of Death.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 0  Fell in his room	. (Enter nature of injury in Part I or Part II of Item 18.)	
	n, striking head on floor or	furniture
20c. TIME OF INJURY Month, Doy, Year 10c. INJURY OCCURRED 20e. P. Mol while of work of work Recommendations of the property of	PLACE OF INJURY (Hame, form, 20f. (City or town) (County) octory, preet, affice bldg., etc.)	(State)
7:15 p.m. 1/19/58 White Not white Res	st Home Silver Spring, Md.	
21. 1 certify that I took charge of the remains described al	bove, held an Autopsy 🔀, Inspection 🔲, Inquiry [	, ond in my
opinian death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined mor	ner 🔲
1 2		
SIGNATURE Should Q. Brosshart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER   2/1/	58
NAME (Type) Frank J. Broschart M.D.	DEPUTY MEDICAL EXAMINER 🔀	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, lown, or county)	(State)
Burial 2/3/1958 Rockville Co		Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Pohent A Pumphnoss-7557 Wig Ave Po	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	TURE
Robert A. Pumphrey-7557 Wis. Ave. Be	etn. Md.   DATEEB 3 '58	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the 4 start be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may use the AAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the TO F VS. A15ME 5M 2/57

And Lamona Lark, 1-1 January el, EAUTE, LETELL CECEPTIONE, GEORGE S- 110.1 - 0.8: -100q 1111. ..... CHARLES OF SECTION OF SECURITY tytelas a her meter dome to suver spring, Md.

Paris 2,0,1958 Rockville Gerery

Roberts A. Wampirey-Ibsil ats, Avs. Ben. ad. 1821

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

919 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery Maryland b. COUNTY MARYLAND fontgomery b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Days Silver Spring d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1609 Parham Road The Clinical Center YES NO TE NAME OF First Middle 4. DATE Manth Year DECEASED David 58 William Leder 12th (Type ar print) DEATH January 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days White December 2, 1951 Male WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Child Washington, D. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Max Leder Maxine Rombro 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical RecordAddress Bethesda 14, Maryland The Clinical Center. No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. m While Nat while at wark at wark 21. I certify that I attended the deceased from October 31, 19 57 to January 12 19 58 that I last saw the deceased January and that death accurred at 6:45 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 1-13-58 ACTUAL Clinical Center National Institutes of Health PHYSICIAN'S Dane R. Boggs, M. D Maryland Bethesdall. NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial King David Mem. Garden Falls Church, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bernard Danzansky & Sons 3501 14th St..

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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

**CERTIFICATE OF DEATH** 

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		911	CERTI	ICAI	L OI DLAII			Reg. Dis	t. No.	
1. PLACE OF DEATH  o. COUNTY	Montgo	mery	MARYL	1	USUAL RESIDENCE (WI		lived. If institution b. COUNTY		ce before admi	ssion)
Bethesda	f outside corporate limi arest tawn)	ts, write	16 days	N 1b	c. CITY OR TOWN (IF a	outside corpor a Park		URAL and g	ive nearest tow	vn)
d. NAME OF HOSPIT OR INSTITUTION The Clini	At (If not in hospitol, g	ive street Bet	thesda 14,	Md.	d. STREET ADDRESS 7402	Carlan	d Avenue		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Laur		Middle Mae		Lilley	4. DATE OF DEATH	Mon Jan	uary	Doy 15	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED		eptember 10		9. AGE (In years last birthdoy) yrs.		Days Hours	-
	ON (Give kind of work a ing life, even if retired operator	)	KIND OF BUSINESS OF			or foreign co	untry)	12. CITI	ZEN OF WHA	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
	Villiam Mos					Otil	lia Reitl	hmille	er	
1S. WAS DECEASED EVER (Yes. no or unknown)	R IN U. S. ARMED FOR It yes, give war or dates of s		577-46-9309		RMANTThe Medical C				Maryla	nd
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Try, which (b) nmediate (DUE TO	Inc	reased in	itrac à l	metasto	ressu uses	ere		ONSET AND	
lying couse last.	) (c	Car	rcinoma	of	breast TRELATED TO THE TERMI	DISTANT	CONDITION	TALLAND 4 DT	2 y	rs.
PART II. OTH  PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY	EK SIGNIFICANT CON	DITIONS	ONIKIBUTINO TO DEA	IN BUT NO		INAL DISEASE	CONDITION GIV	EN IN PAKI	PERF	ORMED?
	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of injury in	Port I ar Part	II of item 18.)			
ZOC. TIME OF INJURY Hour a.m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED Not while t of work		OF INJURY (Home, farm, street, office bldg., etc		or town)	(C	ounty)	(Stote)
actual SIGNATURE	at I attended the lary 15  West W. Ko	lin	ond that o	ber 30 death ac	O, 1957, to Jan curred at 8:45 The Clini The Nation Bethesda	Address (Since Land Land Land Land Land Land Land Land	the causes a met, city or town, nter stitutes	ind an th	e date stat 0 1/1	
220. BURIAL, CREMATION BEMOYAL (Specify)	Jan 17,19	58	Hatiguel Ne	TERY OR CR	EMATORY GASK	22d. LOCATI	L Churc	or county)	Virgi	
23 FUNERAL DIRECTOR'S	altis, 25	54 6	ADDRESS ARRAUL SIX	ed a	A.CO. DATE ER	D BY REGISTE	0	TRAR'S SIG	MANURE	

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<b>\$</b>	911	CERTI	FICA	TE OF DEATH		Reg. Dist. No	215
1. PLACE OF DEATH o. COUNTY Montgomery		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE  New York	ere deceased lived. If institution b. COUNTY	on: Residence befo	ore admission)
b. CITY OR TOWN (If outside corporate li RURAL and give secrest town) Bethesda (Rural)	mits, write	c. LENGTH OF STAY	IN 1b		utside corporate limits, write R	URAL and give ne	arest town) X-3
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION J.S. Naval Hospital,				d STREET ADDRESS 640 F	ort Washington	Ave.	e. IS RESIDENCE ON A FARM? YES NO
DECEASED	int l <b>e</b> ph	Middle Lew:	is	LODGE	4. DATE Mor OF DEATH January		y Year 19 58
Male White	WIDOW		0 2	DATE OF BIRTH  March 1936		Months Days	Haurs Min.
0a. USUAL OCCUPATION (Give kind of wor during most of working life, even if retir Mariner	ed)	I.S. Navy	OR INDUST	New York		U.S.	OF WHAT COUNTRY
Julius Y. LEIBOWITZ				Annette LEW			
S. WAS DECEASED EVER IN U. S. ARMED FO	(annual)		4- 4	Official Na	vy Records	ress	360
18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE  Conditions, if ony, which)	(o) P 0	ne for (a), (b), and (c).	itis	enterior l	ular	ON	ERVAL BETWEEN SET AND DEATH  Days
gave rise to immediate cause (a), stating the underlying cause last.	(b) (c)						
PART II. OTHER SIGNIFICANT CO	NDITIONS (	CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(o)	PERFORMED?  YES NO
	н	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in F	art I ar Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Hour o.m. p. m.	While	NJURY OCCURRED  Not while  at wark	20e. PLA	CE OF INJURY (Home, form ary, street, office bldg., etc.	20f. (City or town)	(Caunty)	(Stote)
21. I certify that I attended the alive an 9 January  ACTUAL SIGNATURE  PHYSICIAN'S J.T. HORGAN	19 :	-0	death	accurred at 10:208	January 19 5  LM, from the couses of ADDRESS (Street, city or town, ral Hospital, wal Hospital,	and on the do stote) Bethesda	DATE SIGNED, Md. 1-9-
20. BURIAL CREMATION, 22b. DATE THER REMOVAL (Specify) Burial 1-12-58	EOF	22c. NAME OF CEM			22d. LOCATION (City, town, Valhalla, Ne	or county)	(State)

Chambers, 1400 Chapin St. Washington, D. C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law TO F

AL DIRECTOR:

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the attending physicion and campletely Then please remove carbon papers. Pr event within 72 hours offer death.

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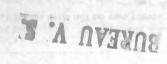
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912 CERTIFIC	CATE OF DEATH Reg. Dist. No. 00887
1. PLACE OF DEATH O. COUNTY MONTO MERY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  ARRIVED B. COUNTY  D. COUNTY  ARRIVED B. COUNTY  ARRIVED B. COUNTY  ARRIVED B. COUNTY  ARRIVED B. COUNTY  ARRIVED B. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BOT DRESS 2	tb c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Silver 5 Pring 56
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SUBURBAN HOSPITAL	4. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) CYC ZEILEY	LOCATION DEATH Jan. 17, Doy Yeor Jan. 17, 19 58
Semale White WIDOWED DIVORCED	Forty 4, 1875 8 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	Heilmandale, Pa. WS.A.
13. FATHER'S NAME JOHN MILLEY	14. MOTHER'S MAIDEN NAME E/122 Zelley
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes. no. or sunknown)  (It yes, give wor or dates of service)  N & N &	Raymond M Obeyholtzey Springsiela mel
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Memory have street
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	years years
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	e. PLACE OF INJURY (Home, form, forth, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from.	eath accurred at 40 p.M., fram the causes and an the date stated above ADDRESS (Street, city or town, state)  M.D. STORY OF THE STATE O
PHYSICIAN'S Robert L. Havell	Washington DC:
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) 1/20/58 Cedar H13	11 Cemetery Fredericksburg, Page
The S. H. Hunds Co. Wash.	DATE  246. REGISTRAR'S SIGNATURE  DATE

MADYLAND STATE DEPARTMENT OF HEALTH\_RAITIMORE 18

PARTIAN HEARING TRIMINASING PRACTICAL

CERTIFICATE OF DEATH.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# FOR STATE HEALTH DEPT.

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0	67	6/7	No.	
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2			2	
			4	
VS	. A	15	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit	
6	4.4	2/6	7	
3	m .	2/3	1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		() () No.	8	9	1	
Reg.	Dist.	No.		_	-	

-		J_/1 . 5							neg	7131. 110.		
1. P	LACE OF DEATH COUNTY Montgomery	940	MARY		- CTATE	D.C.	here deceas	ed lived. If inst b. COUN		lence befo	ore odmission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Rockville  DCA					c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  WASHINGTON  47 X - 3							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Manor Country Club					d. street address 4022 WARREN STREET, N.W.						e. IS RESIDENCE ON A FARM? YES NO T	
0	NAME OF DECEASED THEODORE	First NEA	Middle	Macl	Lost (A.V		4. DATE OF DEATH	Mo J <sub>n</sub> 1		Doy	Year 19	
5. SI			DIVORCED	Z 8. C	Q W			9. AGE (In years lost birthday) 61 yr	Months		IF UNDER 24 HRS. Hours Min.	
10a.	USUAL OCCUPATION (Give kind of vuring most of working life, even if reli AUDITOR	red)	KIND OF BUSINESS OR I		MASS.		or foreign c	ountry)	12. CIT	USA	WHAT COUNTRY?	
13.	FATHER'S NAME			1	4. MOTHER'S	MAIDEN N	AME					
	Unknown				Unknow	m						
15. (Yas,	WAS DECEASED EVER IN U. S. ARME no. or unknown)   (If yes, give war or dr	D FORCES? 16.	SOCIAL SECURITY NO.		Rita	J. Be	noit,	4607 Co	onn. A			
	18. CAUSE OF DEATH [Enter only on PART 1. DEATH WAS CAUSED IMMEDIATE CAU	BY:	Coronary Co	cclus	ion			Washin		ONSET	and death sudden	
	couse last.	E TO (c)										
CATION	Fell dead on	4.		-					SIVEN IN PA		WAS AUTOPSY PERFORMED? ES NO 1	
CERTIF	206. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.  206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Fort II of ilem 18.) CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Loctory, street, affice bldg., etc.)  While Not while ot work of wor											
	21. 1 certify that I took charge of the remains described above, held on Autopsy, Inspection _\infty, Inquiry _\infty, and in my opinion death resulted from: Natural causes _\infty. Accident, Suicide, Homicide, Undetermined manner											
	ACTUAL SIGNATURE Trank	J- B2	oschart		M.D. CHIEF M	EDICAL EXA					DATE SIGNED	
	EXAMINER'S Frank J.		art		DEPUTY	MEDICAL E			Jan	. 18,	1958	
220.	BURIAL (Specify) 22b. DATE THE BURIAL (Specify)	58	PARKLAWN CE					GOMERY	Land Street Committee	, MD.	(Stote)	
23.	FUNERAL DIRECTOR SAIGHATURE	shrey,	SILVER SPRI	NG, I		240. REC'D JAN DATE	BY REGIST 2 3 '5		GISTRAR'S SI	CHARURI	E	

STATE SOF THEO APPLICATION



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00893

. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

ONSET AND DEATH

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(County)

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

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Reg. Dist. No

Months

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		918	CERT	IFICATE	OF DEAT	Н		Reg. Dist. N	.00894
1. PLACE OF DE	nontsom	ery	MAR		JAL RESIDENCE (WESTATE	here deceased liv	ved. If institution b. COUNTY FAIR	Residence be	efore admission)
b. CITY OR TO	DWN (If outside Lorporate ) give nearest fown) 10 6 16 65 da	imits, write	LENGTH OF STAY	r IN 1b c.	FALLS	Chil. A	R Ch	RAL ond give r	nearest town) 83X-3
d. NAME OF OR INSTITU		l, give street ad		d. 8	STREET ADDRESS	wood	- TERR	ACP.	e, IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Willia	First	BeRI	1	Maher	4. DATE OF DEATH	Month JA		Doy Year 4 195
SEX	6. COLOR OR RAC	7. MARRIEI WIDOWED	NEVER MARR	2/0	of Birth	9.		Months Day	
0o. USUAL OCC during most	UPATION (Give kind of wo of working life, even if reti	red) Rec	nd of business	Salesan	On	eida.	NY	12. CITIZEN	5 A
3. FATHER'S NA	William	Jame	s Ma	her	OTHER'S MAIDEN	eres	ann	Bu.	ens
5. WAS DECEAS (Yes, no. or unknown)			OCIAL SECURITY NO	o. 17. INFORM.	1 mass	ord has	Addre	" SBOX	nderesophae
1,120,00	J. DEATH [Enter only one I. DEATH WAS CAUSED B IMMEDIATE CAUSE	Y: 10	for (a), (b), and (c)		vere	(4	9 Sam		NSET AND DEATH
gove rise	DUE  s, if ony, which to immediate toting the under.	10 (b) 0	erforation						2 day
	II. OTHER SIGNIFICANT C	(c)ONDITIONS CO	NTRIBUTING TO DI	EATH BUT NOT RE	LATED TO THE TERA	NINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDE OR CONTRIE (IF EITHER, N	NT WAS UNDERLYING DEA BUTING CAUSE OF DEA BOTIFY MEDICAL EXAMINE	TH R)	IBE HOW INJURY	OCCURRED. (Ente	nature of injury in	Part I or Port II	of item 1B.)		
20c. TIME OF Hour	INJURY Month, Doy, a. m. p. m. 1	Year 20d. INJ While of work [	URY OCCURRED  Not while of work	20e. PLACE OF factory, str	INJURY (Home, for eet, office bldg., et	m, 20f. (City or c.)	town)	(Count	(S10
21. I cert alive on_ ACTUAL SIGNATURE	Stevan	he deceased 19.5	~	t death occu	1956, to Verred at 1000			nd an the a	saw the deced date stated abo DATE SIG
PHYSICIAN'		int (	Lapp		was	h 15	DC		
RANS.	MATION, 22b. DATE THE BURIAL 1/		22c. NAMÉ OF CEA	METERY OR CREM	ATORY	ONEI DA	N (City, town, or NEW YO		(State)
23. FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS		240 REC	D BY REGISTRA	D 245 PEGIST	RAR'S SIGNAT	THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

RUKEAU V. S.

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BUREAU V. E.

FEB 10 1958

3. 1	Type or print) May agrees Maloney OFATH	RURAL ond give neares! town)  e. 15 RESIDENCE ON A FARM? YES NO  north Day Year 19  If UNDER 1 YEAR IF UNDER 24 HRY Months Days Hours Min.
3. 1	D. COUNTY  O. STATE  O. ST	RURAL ond give neares! town)  e. 15 RESIDENCE ON A FARM? YES NO  north Day Year 19  If UNDER 1 YEAR IF UNDER 24 HRY Months Days Hours Min.
3. 1	J. NAME OF HOSPITAL (If not in hospital, give street address)  J. NAME OF HOSPITAL (If not in	o. 15 RESIDENCE ON A FARM? YES NO []  nith Day Year  19 5  If UNDER 1 YEAR IF UNDER 24 HR! Months Days Hours Min.
3. I	NAME OF SECENSED  Type or print)  EX  6. COLOR OR RACE  WIDOWED  DIVORCED  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	onth Day Year  IF UNDER I YEAR IF UNDER 24 HR
5. 5	Type or print)  EX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCED  DIVORCED  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	IF UNDER I YEAR IF UNDER 24 HR
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	Months Days Hours Min.
12	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	
	nsurance Business Insurance //ew york	12. CITIZEN OF WHAT COUNT
0	sharles Gallagher Ellen Colociar	7
		dress
	TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  LETTER OF THE PROPERTY OF THE PRO	INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	Conditions, if ony, which) (b) Cerebal arterior clerosis	probably
	gove rise to immediate couse (o), stating the under- tying couse lost.  DUE TO  Generally arterior lines	at lant 5 years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED While Not while of work of	(County) (State
	21. I certify that I ottended the deceased from Nov , 1957, to January 12, 1958	
	ACTUAL ADDRESS (Street, city or town	and on the date stoted about store)  DATE SIGN
	m. Laboratoria de la constanta	Children June 1
	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town,	
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REG	
	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	15. WAS DECEASEDEVENTN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT PROPERTY OF COLOR OF CONTRIBUTION OF CONTRIBUTIONS (16 year of data of service)  18. CAUSE OF DEATH [Enter only one couse per lighe for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CON

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#### FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sides to be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be used for your files.

TO FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the color Boord of Haglith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00897 Reg. Dist. No.

	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Montgomery							
	b. CITY OR TOWN (If outside corporate limits, write and give nearest town)  Norbeck	$1\frac{1}{2}$ yrs.	c. CITY OR TOWN (If outside corpo		neorest lown)					
)	d. NAME OF HOSPITAL OR INSTITUTION (IF Rural City 1	3 Nursing Home	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X					
	3. NAME OF DECEASED (Type or print) CHARLE	1 Middle	ANSFIELD 4. DATE OF DEATH	Jan. 1,	19 58					
	5. SEX 6. COLOR OR RACE White	7- MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	March i. 1872	AGE (In years lest birthday)  Solution   IF UNDER TYEAR   Months   Days	IF UNDER 24 HRS. Haurs Min.					
	10o. USUAL OCCUPATION (Give kind of work of during most of working life, even if refired)  Grocer Retire  13. FATHER'S NAME  Charles Mansfi  15. WAS DECEASED EVER IN U. S. ARMED FOR (Yea, no, or unknown)  (If yea, give war or doles of w	d Grocery ield ICESS 16. SOCIAL SECURITY NO.   17. 1	Maryland  Maryland  14. MOTHER'S MAIDEN NAME Anne Norris  NFORMANTNeice CS.Ella Broadhur	U. Address+113 Kn	S.  owlesAve on, Md.					
)	18. CAUSE OF DEATH [Enter only one couse PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  44. DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART II. OTHER SIGNIFICANT COND	Coronary (	NOT RELATED TO THE TERMINAL DISEASE	ons	IPA BETWEEN LET AND DEATH  PLAND DEATH  PLAND DEATH  PLAND DEATH  PLAND DEATH  PERFORMED?  YES NO NO					
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.  21. I certify that I took charge opinion death resulted from:  ACTUAL SIGNATURE ACTUAL	of the remains described obc		spectian , Inquiry , Undetermined monn	DATE SIGNED					
	PLANT OF THE PROPERTY OF THE P	Forest Oak		ON (City, tawn, or county)	(Stote) ryland					
2	23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHRE	ADDRESS	240. REC'D BY REGISTR		9					

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

-			4							wad. Dist	. 140.	made and
	o. COUNTY Mon	tgomery		MAI	RYLAND	2. USUAL RESIDENCE o. STATE	E (Whe		lived. If institut b. COUNT	ian: Residence  Montgo	e before	admission)
B		outside corporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW		tside corpor	ate limits, write	RURAL and gi	ve neares	if fown)
U	OR INSTITUTION	AL (If not in hospital, g Hospital,			land	d. STREET ADDRI		ockvi	lle Piko	3		IS RESIDENCE ON A FARM? (ES NO X
	NAME OF DECEASED (Type or print)	Wilbo		Midd Freder		Lost MARLOW		4. DATE OF DEATH	Mo Jani	onth uary	Day 26	Year 19 58
M	sex ale	6. COLOR OR RACE White	WIDOW	ED DIVOR	ED T	B. DATE OF BIRTH  28 Januar		910	9. AGE (In years lost birthday) 47 yrs	Months [		UNDER 24 HRS.
2.4	usual Occupation during most of working most of working most of working marking most of working most of the most o	N (Give kind of wark d ing life, even if retired)		KIND OF BUSINESS	OR INDU	Illinoi		r fareign co	untry)	12. CITIZ	U.S.	WHAT COUNTRY?
	FATHER'S NAME				-	14. MOTHER'S MAI	DEN NA	ME	1-1-6			
H	erford MAR	LOW				Anna Mari	ie J	OACHI	M			
(Ye		IN U. S. ARMED FORCE f yes, give war or dates of se 1957		SOCIAL SECURITY N 7 44 9643	-	other) Cla	aren	ce E.	MARLOW	dress(Land (P.O.E		
z	PART I. DEAT  Canditions, if an gave rise to im couse (o), stating the lying couse lost.	he under-	C	way s	Schr	hysoard	rim	~			S	AL BETWEEN AND DEATH LASS MALY.
FICATIO		ER SIGNIFICANT CON								VEN IN PART	۶	PERFORMED?
AL CERTI	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	MEDICAL EXAMINER)				). (Enter nature of inju		ert I ar Part	II af item 18.)			
MEDIC	Haur o.m. p.m.	Manth, Doy, Yea	While at war		fac	CE OF INJURY (Home tory, street, affice bldg	J., etc.)	20f. (City			iunty)	(State)
2220	21. I certify the alive an 26 actual SIGNATURE PHYSICIAN'S NAME (Type) R.J.	MC CARTH	19 G	and the part of th	t deoth	accurred at 1:0	00 A ral	M, from DDRESS (SIR HOSPI HOSPI	the causes on town, tal, Bet	and on the store) thesda,	Md .	stated abave.  DATE SIGNED  1-27-58
-	REMOVAL (Specify) BUT 1a 1 FUNERAL DIRECTOR'S	1-29-58	(0)			1 Cemetery	7	Arlin	gton, Vi			(Stote)
R	A. Pumphir	Le de la sur	16COI	in Ave.	Bethe	esda, Md. DAT	JAN	BY REGISTS	8 (000	Hebu	LA	

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MARYLAND STATE DEPARTMENT OF HEALTH-	BALTIMORE, 18
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922 CERTIFIC

**CERTIFICATE OF DEATH** 

Reg. Dist. NJ. 11899

1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution land b. COUNTY		
b. CITY OR TOWN RURAL and give		c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give near	rest town)
	PITAL (If not in hospital, give str	eet address)	d. STREET ADDRESS		6	ON A FARM? YES NO W
3. NAME OF DECEASED (Type or print)	Charles	, Haviland,	Matthews	4. DATE OF Jan Mon	th Day	Year 1958
Male	White wind		B. DATE OF BIRTH Dec. 3 186		Months Days	Hours Min.
Reci're	TION (Give kind of work done ) oking life even if chicad)	Farm	ISTRY 11. BIRTHPLACE (Stole Marylan			S.A.
Wesley	Matthews		Sharlot		1	3.5
5. WAS DECEASEDEN [Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant s. Gordon B	enson, 1235		St. D.C.
Ŭ Z	the under DUE TO  (c)  THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU			EN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED? YES NO
_	URY Month, Day, Year 20	d. INJURY OCCURRED 20e. Pl hile Not while fo work of work	LACE OF INJURY (Home, farm colory, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
actual SIGNATURE	William C.		n occurred at	.M, from the causes a ADDRESS (Street, city or town,	state)	
	Jan. II.5	8 Mt. Carmel	OR CREMATORY	22d. LOCATION (City, town, c		(State)
23 FUNERAL DIRECTO	Sarber	Laytonsville	Md. 240. REC'		STRAR'S SIGNATURE	

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			MARYL	AND :	STATE DEPA	ARTME	NT OF HEALTH	-BAL	TIMORE, 1	8		
				122	CERT	IFICA	TE OF DEATH	1		Reg. Dist.	No GIS	)0
1)[	1. P	LACE OF DEATH COUNTY Mont	gomery	<del>/12 U</del> –	MAR	YLAND	2. USUAL RESIDENCE (WHO O. STATE Distric	ere decease	d lived. If institution	on: Residence b	pefore admis	sion)
		RURAL and give n	(If autside corporate limit earest town) (Rural)	s, write	e. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (IF o	utside corpo		URAL ond give	nearest low	n) 🗸
51	U	OR INSTITUTION S. Naval	TAL (If not in hospital, gi				d. STREET ADDRESS	" Str	eet, N.W.		ON	SIDENCE A FARM?
	0	IAME OF ECEASED Type or print)	Firs Willi	,	Middle		Lost MAY	4. DATE OF DEATH	Mon Janus		Doy 23	Yeor 19 58
	s. s	ale	6. COLOR OR RACE	7. MARRIE			DATE OF BIRTH	37	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YE		ER 24 HRS.
	10a.	USUAL OCCUPATION during most of wor		one 10b. K	IND OF BUSINESS (	OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign c		12. CITIZE	N OF WHAT	COUNTRY
	3. F	Tiner ATHER'S NAME	35035	10.8	Marine (	corps	Pennsylva  14. MOTHER'S MAIDEN N	IAME			U.S.	
		no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give, wor or dates of second 1943	rvice)	ocial security no		Emma B. WUF FORMANT Life) Mrs. Lue		Addi		#2)	
	-	18. CAUSE OF DEA	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line		.]	ulen with	nitasi	Tasin/	11	INTERVAL BI	ETWEEN DEATH
		153.8 Canditions, if a	DUE TO			7					1	- CANDI
		cause (a), stating lying cause last.	the <u>under-</u> DUE TO									
2	CATION			OITIONS CO	INTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(c	PERFC	AUTOPSY DRMED?
		20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY C	OCCURRED.	(Enler nature of injury in F	art I or Par	t II of item 18.)			
	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Yea	White of work	Not while of work	20e. PLAC	CE OF INJURY (Hame, farm, pry, street, affice bldg., etc.	20f. (City	or town)	(Cour	ווין)	(State)
		21. I certify that alive an 23	nat Lattended the	deceased_, 19	fram <u>28 00</u>	tobez	19 57, to 23 accurred at 6:12A	Janu M, from	ary, 19 50	that I last	saw the	decease ed abay
,		ACTUAL SIGNATURE	macar	thy	•			ADDRESS (S	treet, city or town,	state)	D.	ATE SIGNE
		PHYSICIAN'S NAME (Type)	.J. MC CART	HY, C	CDR, MC, U	JSN	U.S. Naval	Hospi	tal, Beth	nesda,	Md.	
	B	BURIAL, CREMATIC REMOVAL (Specify)	1-27-58		22c. NAME OF CEM Arlingtor		CREMATORY L Cemetery		TION (City, lown, o		(Stat	le)
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VS A1S (4) 1SM 9/5S

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
225 3 77 50		

CERTIFICATE OF DEATH

00901 Reg. Dist. No.

PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE District of Columnia.						
b. CITY OR TOWN RURAL and give	(If autside corporate limit	s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o		rote limits, write R	URAL ond	give ne	arest town	n)
Bethesda			23 Days		Washing	gton	Li	-7x	3		
d. NAME OF HOSP OR INSTITUTION The Clir	ITAL (If not in hospital, g	ve street	thesda 11.	Md.	d. STREET ADDRESS	nderwo	od st.,	N.W.			SIDENCE A FARM?
3. NAME OF	Fire		Middle		Lost	4. DATE	Mor		Do		Yeor
DECEASED (Type or print)	Nellie		Gertru		McCarthy	OF DEATH	Janu	ary	22		1958
5. SEX		400	NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months	P 1 YEAR	Hours	ER 24 HRS. Min.
Female	White	WIDOW			March 22 1889		58 yrs.				
during most of wo	ION (Give kind of work or rking life, even if retired)	-	KIND OF BUSINESS OF overnment	R INDUS	Washington, D.C.				12. CITIZEN OF WHAT COUNTR		
13. FATHER'S NAME			0 1 0 1 1 1 1 1 1 1		14. MOTHER'S MAIDEN N				0 00		
Michael	W. Calnan				Isabelle	G. Ha	rvev				
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 19	NFORMANT The Med			iress			
(Yes, no. or unknown) NO	(If yes, give war ar dates of se	HVICE)	None		ne Clinical Co				Ma	ryla	nd
PART I. DE  OOQ  Conditions, if gove rise to couse (o), stoting	the under-	,		ess/	Pulmonary t	tubero	culosis		1NT 0N 5/9	ERVAL BE	ETWEEN DEATH LIS
lying cause lost	- (0)		CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	19, WAS	AUTOPSY
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	/AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	). (Enter nature of injury in F	Port I or Port	t II of item 18.)				
Hour o.m.	19	While of wor	k ot work	foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.	)			(County)	100	(State)
alive on JE	hat I attended the anuary 22,  NORMAN H. BE	19	58 , and that	death	30, 19, 57, to Jan accurred at 9:55 The Clin: National Bethesda	AM, from ADDRESS (SI ical C	n the causes of treet, city or town,	and on	the do	ite state	
220. BURIAL, CREMATI	ON. 226. DATE THEREO	F	22c. NAME OF CEME		R CREMATORY	22d. LOCAT	IION (City, town,	or county)		(Stat	te)
Burial		158		vet	Cemetery		nington	-	A	DE	
James T. F	Ryan, Inc.	Welly	ADDRESS Eur, Jel. 317 Pa	a.A	077	D BY REGIST	h /	STRAR'S S	eh	N.C	

CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY	Montg	cmery		MARYLAND	2. USUA o. ST/	L RESIDENCE DIS				f institution		before odn	nission)
	b. CITY OR TOWN ( RURAL and give n	If outside corpo	rote limits, writ	c. LENGTH	OF STAY IN 16	c. CII	Y OR TOWN	(If outsi	ide corpo	rote limit	s, write RUI	RAL and giv	re nearest to	own)
Bethesda 45 days Washington, D.C. 47							47	X-3						
T	d. NAME OF HOSPI OR INSTITUTION he Clinica			hesda 11	. Md.	d. ST	REET ADDRESS	S			Road,	N.W.	10	RESIDENCE N A FARM?
3.	NAME OF		First		Middle		Last		. DATE		Month		Day	Year
	DECEASED (Type or print)	Ma	nus	Ig	natious	Me	Gowan		OF DEATH		Janua	rv	73	19 58
5.	SEX	6. COLOR OF	RACE 7. M	ARRIED NEVEL	MARRIED	8. DATE O	F BIRTH			9. AGE	In years I	-	YEAR IF UN	NDER 24 HRS.
	Male	Whit			IVORCED [	Ap:	ril 30,	18	90	67	yrs.	Months D	ays Hou	min.
10c	. USUAL OCCUPATION	ON (Give kind	f work done 1	b. KIND OF BUS	INESS OR INDI					ountry)		12. CITIZ	EN OF WH	AT COUNTRY?
	Brick 18		retired)	Buildin	g		Ca	mad	8			1000	U.S.	Α.
13.	FATHER'S NAME					14. MO	THER'S MAIDE	N NAN	ΛE					
	1	Andrew M	(cGowan						An	nie :	racif			
15.	WAS DECEASED EVE	R IN U. S. ARM	ED FORCES?	16. SOCIAL SECU	RITY NO. 17.	INFORMAN	The M	edi				is		
{10	No No	(If yes, give war or	dates of service)	577-03-	1392 T	he Cli	nical	Cen	ter.	Bet	hesda	1h. N	Maryla	and
	18. CAUSE OF DEA	ATH [Enter only	y one couse per	line for (a), (b),	ond (c).]		mule						INTERVAL	
		TH WAS CAUS	ED BY:	ameh a			Sat	1	1 0		مس من	المردون	ONZEIN	ND DEATH
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	lying cause last.	the under-	To Va	ntid CO	and L	Lui	-45	Q. x	, ,	0				
N	PART II. OT	HER SIGNIFICAL	NT CONDITION	IS CONTRIBUTING	TO DEATH BU	T NOT RELA	TED TO THE TE	RMINA	L DISEASI	E CONDI	TION GIVE	N IN PART 1	(p) 19. WA	AS AUTOPSY
CERTIFICATION	`												PER	FORMED?
IFIC	20a. ACCIDENT W	AS UNDERLYING	20b. D	ESCRIBE HOW IN	JURY OCCURR	ED. (Enter no	sture of injury	in Part	t I or Part	I II of iter	m 18.)		163	B. NO L
CER	20a. ACCIDENT WAR	MEDICAL EXAM	DEATH AINER)											
CAL	20c. TIME OF INJUR	RY Month, D	oy, Year 20d	. INJURY OCCUR	RED 20e. P	LACE OF IN	JURY (Home, f	form,	20f. (City	or town)		/Cox	unty)	(Stote)
MEDICAL	Hour a.m.		19 Wh	ile Not while	e_ fo	octory, street	, office bldg.,	efc.)				(	,	(3.5.5)
2	p. m.					20	רק	Tana		7.0				
	21. I certify the	uary 1	ed the dece											
	alive on_our		/, 19	, an	d that deat	n occurre	d at Oil						date sta	
Н	ACTUAL (-	7.6	OE	000		m.	- Min				or town, st	ate)	7/7:	DATE SIGNED
	SIGNATURE SIGNATURE The Clinical Center 1/13/58  The National Institutes of Health									1/ 50				
	PHYSICIAN'S P	eter D.	Olch,	M. D.			thesda					oi Hea	TTCU	
220	BURIAL, CREMATIC	22b. DATE	THEREOF		OF CEMETERY			220	d. LOCAT	TION (Cit	y, town, or	county)	(S	tote)
	REAMO WASH Speciful	- 1/16	7/58	Ft.I	incoln	Cem	stery		Pr.	Geo.	Co.,	Mary	yland	
	FUNERAL DIRECTOR			ADDRES			C e 24a. R	EC'D B	Y REGIST	RAR 2	46. REGISTI	RAR'S SIGN	ATURE	1 4
T	he S.H.H	ines C	0.,29	01 14th	St. N	.W.,	DATEA	INA	5 '58	U	Who	such		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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( M	o. COUNTY	meru		MARYLAND	2. USUAL RESIDENCE	4	ed lived. If institu b. COUN	TY	11	mery	
	b. CITY OR TOWN (IF RURAL and give nec	aulside corporate limi arest town)		ength of stay in 16 2 days.	17 Takon	outside corp	1.				
75	d. NAME OF HOSPITA OR INSTITUTION, Wash	AL (If not in hospital, g	1	11 .	d. STREET ADDRESS	. 0	lace		c	ON A FAI	RM?
	NAME OF DECEASED (Type or print)	Stanle	<b>F</b>	Elwin	Me Neill	4. DATE OF DEATH		ionth /	Day	Year	_
	male	white	WIDOWED [		8. DATE OF BIRTH		9. AGE (In year lost birthday	) Months	Doys Doys	Hours 1	4 HRS. Min.
7	Cashier-	N (Give kind of work ng life, even if retired	done 10b. KIND Ret.	. 1	USTRY 11. BIRTHPLACE (St.		country)	12. CI		S.a.	UNTR
	3. FATHER'S NAME	Mc Neill			Harrie	_	imith.	1			
1	S. WAS DECEASED EVER Yes. no. or unknown) (II	IN U. S. ARMED FOR f yes, give wor or dates of s			informant Jashington	Sant 1	1 0	ddress	760	o Carr	011
		TH [Enter only one co	18	IEICTAN ONG TOTAL	7	Hera.	4 La.	. /	ONSE	TAND DE	EIN
	Conditions, if an gove rise to im couse (o), stoling the lying couse lost.	DUE TO  y, which the under to (c)	Oldi	Arteen	Cleriter	Hear	* Pli	nas	4 2	hes	
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0	Conditions, if an gove rise to im couse (a), stoling it lying couse lost.  PART II. OTHE  20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY A Hour a. p.	DUE TO  y, which mediate he under  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Yes  19	DITIONS CONTI	RIBUTING TO DEATH BE HOW INJURY OCCURRED OF WORK 1 20e. If OCCURRED 20e. If OCCURRED 20e. If OCCURRED 20e. If OCCURRED 20e. If OCCURRED 20e. If OCCURRED 20e. If	PED. (Enler noture of injury	in Port I or Por	y or fown)	6,,that 1	(County)	PERFORME YES NO	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi is them. 18. Give Pages 1, 2, and 3 to the forest director. Page 4 sh be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be ined for your files.

TO FUNCKAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within/72 hours after death. I

2 ° 7 2 VS. A15ME 5M 2/57 00

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00904

816	Reg. D	ist, No.
I, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident	ence before admission)
o. COUNTY Montamore MARYLAN	D O. STATE MARY O 1 b. COUNTY M	nta
b. CITY OR TOWN (It autside gaporate limits, write RURAL   C. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
and give georest town	126 Bre 1-11	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
315 N. Van Buren st	1 315 N. Van Buren	YES NO
3. NAME OF DECEASED (Type or print) Russell McKinley	Mada DEATH / 2	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years IF UNDER	TYEAR IF UNDER 24 HRS
male col WIDOWED   DIVORCED	12-16-98   Sq yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDIduring most of working life, even if refired)		ZEN OF WHAT COUNTRY
13. FATHER'S NAME		1-5.4.
el	14. MOTHER'S MAIDEN NAME	
Slorge W. Mad	Kose Bozur	
15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown)   18 yes, give war or dates at service)	. INFORMANT Address	0 *
	Casalie Campbell - Sauce or	Ilin 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN CINSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Occlusion	Questoles
4201 DUE TO		- July Water
Conditions, if any, which) (b)		
gove rise to immediate cause		
(o), storing the underlying DUE TO		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T MAL 10 WAS AUTOPSY
CANO	The state of the s	PERFORMED? YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS C	(Enter nature of injury in Part I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	LACE OF INJURY (Home, form, 120f. (City or town) (Cas	unty) (State)
Hour a.m. While Not while	octory, street, office bldg., etc.)	(5.0.0)
21. I certify that I took charge of the remains described of		y 2, and in my
apinian deoth resulted from: Natural causes . Acciden	J., Suicide [], Hamicide [], Undetermined r	nanner
ACTUAL OF 10 Que 1 +		DATE SIGNED
SIGNATURE Trank J. Bassehort	M.D. CHIEF MEDICAL EXAMINER [	
EXAMINER'S FRANK T. Brosenant	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   /- 2	-58
220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY	DR CREMATORY 22d. LOCATION (City, town, or county)	(Slote)
Burial 1/6/58 Lincoln Mem		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE 7
More onowell Rockville	- IRB 7 154 - 1000	Such
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00905 eg. Dist. No. 215

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

		. 9	26	CERT	IFIC/	AIE OF	DEATH			Reg. D	ist. No.	215	
	COUNTY Mont	gomery		MAR	<b>YLAND</b>	o. STATE	derylar		d lived. If institut b. COUNT		nce befor	• odmiss	ion) '
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b				prote limits, write	RURAL and	give nea	rest tow	n)
Ве	thesda (Ru	- 1		18 Days		X	Theaton	ì					
d. NAME OF HOSPITAL (If noi in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Bethesda, Md.  11806 Grand View Ave.						3	ON A FARM? YES NOTE:						
						The same of the sa							- 440
	NAME OF DECEASED (Type or print)	Fir Harr	iet	Middle Virg	inia	MEH(		4. DATE OF DEATH		uary	Do		Yeor 19 58
5. 5	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	ED 🔲	8. DATE OF BIRT			9. AGE (In years lost birthdoy)	IF UNDE Months			ER 24 HRS.
	emale	White	WIDOW		_	1 July			58 yrs		Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State o	r foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
H	ousewife	ing ine, even it remed		ousewife		Virg	ginia				U.S	•	
13.	FATHER'S NAME					14. MOTHER"	S MAIDEN NA	ME				-	
T	ee C. HUMI	PHRIES				Harrie	et Ann	SMIT	H				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. 1	NFORMANT			Ade	dress			
	(O	If yes, give war or dates of s		nknown	(8	on) John	Herma	n ME	HOVES (S	ame A	5 #2	)	
	The second secon	nmediote (	Ac	lewcar	uì.	romi	v of	the	e brew	st		EVAL BE	
0 NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
3					,		-	· .				YES 🔣	NO 🗆
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter noture	of injury in Po	ort I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	r Month, Day, Ye 19	While	NJURY OCCURRED  Not while  t ot work		ACE OF INJURY ctary, street, office			y or lown)		(County)		(Stote)
	ACTUAL SIGNATURE	of I affended the	19. M			accurred at	7:25A. A Naval	M, frai DDRESS (S HOSP	ary 195 m the causes treet, city or town ital, Be	and an store)	the dot	te state	ed above. ATE SIGNED
220		N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stot	(e)
	REMOVAL (Specify) Burial	1-9-58		Cedar Hil	1 Ce	metery			ington,	_			MILE

ADDRESS

1400 Chapin St., Washington, D.C. DATE 1 14758

page 35hauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, cremotian, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR TO FU

23 FUNERAL DIRECTOR'S SIGNATURE

requires that the death certificate be executed within 24 haurs after death. Page 4

the attending physician and completely

in by the funeral director, and 2 should be filed with

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927 CERTIFICATE OF DEATH

Reg. Dist. No.

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mits, write RUI		e IS RE			
_		e. IS RE			
_	d. STREET ADDRESS 4804 Somerset Road				
Janua		Day 11,	Yeor 19 58		
1 1 1 1	Months Do		ER 24 HIS. Min.		
• 1					
		Maryl	and		
		INTERVAL B	ETWEEN D DEATH		
		2 - :	3 mos.		
DITION GIVE	N IN PART 1	PERF	AUTOPSY ORMED?		
item 18.)		4			
vn)	(Cou	nty)	(Slote)		
causes and ity or lown, stanter tutes of	nd on the tote)	date stat			
City. town, or Cales	nalre	2	md		
	ord Addressethesis  Jethesis   DITION GIVEN IN PART 1  Tem 18.)  To 19.58, that I last causes and on the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) and the ty or lown, stole) are the ty or lown, stole) and the ty or lown and the	Dition given in Part 1(0) 19. Was perfected in the state by or town, stole) and the state by or town, stole) are stated in the state by or town, stole) are stated in the state by or town, stole) are stated in the state by or town, stole) are stated in the state by or town, stole) are stated in the state by or town, stole) are stated in the stated in			

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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

	833	CERTIFIC	ATE OF DEATH		Reg. Dist.	No.
	PLACE OF DEATH D. COUNTY MONTY GEMERU	MARYLAND	2. USUAL RESIDENCE (Who o. STATE  MARUIMO	/ b. CO	nstitution: Residence	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town),	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or			
7	A KOMA PARK  d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	2 CAGS	d. STREET ADDRESS			IS RESIDENCE
4	lashington Jan. & He	spital	13606 EVE	Rton St.		YES NO
	NAME OF DECEASED (Type or print) MRS, CAMILE	MARIE	MOORE	4. DATE OF DEATH	Month 1 - 19	Day Year 1958
5.	6. COLOR-OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-29-21	9. AGE (In lost bett		EAR IF UNDER 24 HRS.  198 Hours Min.
	19 5007	wn Home	D.C.		Am	N OF WHAT COUNTRY
13.	FATHER'S NAME Filippo Anthony	Capone	14. MOTHER'S MAIDEN N	AME Maria Gra		si
	an an information of the	577-28-9401	INFORMANT As Churt-	HOSPITA	Address Rec	ords.
	PART I. DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last.  (c)	Mora os	eroma 90	Whenson	e i	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease conditio	ON GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	'art I ar Part II af item 1	18.)	
MEDICAL	Hour a. m. While		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) (State)
	21. I certify that I attended the decear alive on 19 19  ACTUAL SIGNATURE SIGNATURE		n occurred of 11 hot		ses ond on the	t saw the deceased date stoted abave DATE SIGNED
	PHYSICIAN'S Isidore Shulman			work	6 6	
220 B	BURIAL, CREMATION, 22b. DATE THEREOF URIAL (Specify) 1/22/58	GATE OF HEAVE		22d. LOCATION (City. MONTGOMER)		(Stote) MARYLAND
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Silver		1 - 0	REGISTRAR'S SIGN	ADURE

8261 88 NA!

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**CERTIFICATE OF DEATH** 

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		43_							Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Montgome	ry	MARYL	AND	2. U	SUAL RESIDENCE (WHO STATE West V	re decesse i.rgi.ni	d lived. If institution b. COUNTY	oni Residence	befare odmi	ission)
b. CITY OR TOWN (I RURAL and give no Bethesda	If outside corporate limits, earest tawn)	write c.	25 days		c	CITY OR TOWN (IF or Webster			JRAL and give 85 x	ve nearest tav	wn) /
d. NAME OF HOSPIT OR INSTITUTION The Clin	TAL (If not in hospito), give ical Center,	Beth	nesda 14,	Md.		street Address (no st:	reet a	address)		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First Georg	e	Middle Weldo	n		Morton	4. DATE OF DEATH	Mon Janu		Doy 27,	Yeor 19 58
5. SEX Male	6. COLOR OR RACE 7. White w	MARRIED IDOWED		7		te of BIRTH ch 31, 1908	3	9. AGE (In years lost birthday) 49 yrs.		YEAR IF UND	DER 24 HRS. Min.
Tipple Fo	ON (Give kind of work don king life, even if retired) PEMAN		nd of Business or fining	INDUS		West V:	irgin			S.A.	T COUNTRY
13. FATHER'S NAME					14.	MOTHER'S MAIDEN N					
George R.		- 1				Hettie					
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give war or dates of service	el	nknown			Clinical C				Maryla	and
PART I. DEA	ATH [Enter only one couse VTH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line f Stok	for (o), (b), and (c).]	Atta	ick					INTERVAL B	D DEATH
Conditions, if o		Aort	ic Stenos:	is						5 Y	ears
gove rise to i couse (o), stating lying cause lost.		Rheu	matic Hear	rt D	is	ease, Inact	ive			20	Years
3 Acute 1	HER SIGNIFICANT CONDIT			TH BUT I	TOP	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	PERF	ORMED?
	AS UNDERLYING 201 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRI	BE HOW INJURY OC	CURRED	. (Ent	er nature of injury in P	art 1 or Par	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJU While of wark [	_ Not while			F INJURY (Hame, form, treet, office bldg., etc.)		or town)	(Co	ounty)	(State)
actual	not I attended the decary 27,	eceased 1958		death	occi	mb - 03	M, from	n the causes a treet, city or town,	nd an the	e date sta	decease
PHYSICIAN'S NAME (Type)	LOUIS A GII	JESP	IE MaDa	^	И.D		Inst	itutes of	Healt	h	
	N. 226. DATE THEREOF	2	12c. NAME OF CEMET				22d. LOCA	TION (City, town, o	or county)	Fault	ole)
23. MONERAL DIRECTOR	's SIGNATURE	Hom	ADDRESS 448/2,	Ma	a	DATE DATE	BY REGIST	0	TRAR'S SIGN	- 1	)

VS A15 (4) 15M 9/5S

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BURIAL, CREMATION, 226, DATE THEREOF

23 EUNERAL DIRECTOR'S SIGNATURE

Jan. 12 1958

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(State)

Md.

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY Montgomery b. COUNTY Maryland MARYLAND Montgomery b. CITY OR TOWN (If outside cornorate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Rural Silver Year Darwood d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE Nurseing ON A FARME YES TI NO NAME OF Middle 4. DATE Month Day Year DECEASED MULLICAN JAMES ARTHUR January 1058 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male gt Airthday) March I863 Months WIDOWED 7 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Carben Ler Gen. Building Maryland U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mullican John Ricketts Rachel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address None Thomas T. Mullican. Derwood. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART ). DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. n While Not while at work at work p. m 21. I certify that I attended the deceased fram. .. 19 d. that I last saw the deceased glive on\_ and that death occurred at A.M. fram the causes and on the date stated above. ADDRESS (Street, city on town, state) ACTUAL PHYSICIAN'S NAME (Type) John S. Rogers Silver Spring Md.

22c. NAME OF CEMETERY OR CREMATORY

Laytonsville.

Oak

Md.

Forrest

ADDRESS

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

Gaithersburg

246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (W Virginia	there deceased live	d. If institutions b. COUNTY ALEX	Residence be	fore admission)
b. CITY OR TOWN RURAL ond give Bethesda	(If outside corporate limits, wri nearest town)		deys	c. CITY OR TOWN (IF	outside corporate l	imits, write RUR	AL and give n	earest town)
OR INSTITUTION	PITAL (If not in hospitol, give strical Center, B		14, Md.	d. STREET ADDRESS 518 South I	Payne Str	eet		e. IS RESIDENCE ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	First Beatri	ce	(None)	Neidich	4. DATE OF DEATH	Janua Janua		1, 19 5
5. SEX Female	6. COLOR OR RACE 7. N	ARRIED MEN	DIVORCED [	B. DATE OF BIRTH  May 15, 191	1.3 9. Ai		UNDER I YEA	Hours M
toa. USUAL OCCUPAT during most of we Housewif	TION (Give kind of work done orking life, even if retired)	None		TRY 11. BIRTHPLACE (Stote Poland	e or foreign country	')		S. A.
13. FATHER'S NAME  Morris W	einberg			Dora Weir				
15. WAS DECEASED ET (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SEC		FORMANT The Med The Clinical				Maryland
	DUE TO	Pulmona	ry Insuff	iciency.	Lung.			1 week
gove rise to cause (a), statin lying cause los  PART II. O	immediate DUE TO		ma of Lef		MINAL DISEASE COI	NDITION GIVEN	I IN PART 1(a)	2 years
	FY MEDICAL EXAMINER)			). (Enter noture of injury in				
20c. TIME OF INJU	. 10 W	d. INJURY OCC hile Not wo work ot wo	hile fac	CE OF INJURY (Home, farr tary, street, affice bldg., etc	m, 20f. (Cily ar to c.)	own)	(County	r) (Si
21. I certify alive on Ja  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the decommany 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 58,		occurred of 12:03  The Clir National		city or town, sto	d on the d	
220. BURIAL, CREMAT REMOVAL (Specif Burial			Lebanon	CREMATORY-	22d. LOCATION Hyattsv	(City, town, ar		(Stote)
23. FUNERAL DIRECTO		ADDR 01 1/th		24o. REC	D BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	duck

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director. and 2 shauld be filled with may be retained by the haspital or attending physician.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and campletely page. Should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be detached far use as the burial-transit permit. the registrar priar to burial, cremation, or removal, and in any event within 72 hours after dooth

VS A15 (4) 1SM 9/S5

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## 932 CERTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

		(1)				Keg. Di	ST. NO.	
1. PLACE OF DEATH a. COUNTY MON	TGOMERY	*	MARYLAND	2. USUAL RESIDENCE ( o. STATE MARY			rce befare admission) TGOMERY	
RURAL and give n	er Spring		GTH OF STAY IN 16		If autside corporate lin	mits, write RURAL and	give nearest town)	
d. NAME OF HOSPI OR INSTITUTION	7701 EAST		ENUE	d. STREET ADDRESS	EASTERN	AVENUE	e. IS RESIDEN ON A FAR YES NO	RM2
3. NAME OF DECEASED (Type or print)	Fir HC	PE	Middle WINDSOF	NICHOI	4. DATE OF DEATH	JAN.	Day Year 29	58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED X	DIVORCED	8. DATE OF BIRTH 10/9/1907	9. AG lost	birthday) Manths	Days Haurs	4 HRS. Min.
10a. USUAL OCCUPATION during most of working to the total transfer of transfer of transfer	king life, even it refired	dane 10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIG			TIZEN OF WHAT CO	UNTRY
13. FATHER'S NAME	VINDSOR			ANNA I				
15. WAS DECEASEDEV (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se		SECURITY NO. 17.	NICHOLS	7701 H	Address EASTERN A	VE	
PART I. DE/ / 7 0 X  Canditions, if a gove rise to i cause (a), stating lying couse last.	the under-	om Ca	etaste semo	tic Car	y obs	Juction Inches	ONSET AND DE	NI NI
CATIC				NOT RELATED TO THE TE			T I(a) 19. WAS AUTO PERFORMS YES NO	103
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of injury i	in Part I ar Part II at i	item 18.)		
ZOc. TIME OF INJUING Hour a.m. p. m.	RY Month, Day, Yea		L while fa	ACE OF INJURY (Home for ctary, street, affice bldg.,		vn) (	County) (	(State)
21. I certify the	nat attended the	deceased from	n 0 2	0 occurred at 1/5	1/29 / EM, from the	, 1958, that I causes and an t	last saw the dec	
ACTUAL SIGNATURE	17/18	mo	Heill	м.в. 7600	CANUS		1/30	SIGNED 5
PHYSICIAN'S NAME (Type)	WITN	CNC		Ta	Koma	BYK,	Ma	
220. BURIAL CREMATIC REMOVAL (Specify) burial		1-10	AME OF CEMETERY OF CEMETER	National	Cem. Ft	City, tawn, or county)  Myer \	(State)	
23. FUNERAL DIRECTOR			2901 14t	h St. N 246 RE	C'D BY REGISTRAR	24b. REGISTRAR'S SIG	SNATURE	
The S.H.	Hines Co	mpany	Washingt	on. D. CRATE	FEB 4 '5	1006		

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

933 CERTIFICATE OF DEATH

						•		Reg. Dist.	No.
1. PLACE OF DEATH  o. COUNTY	Montgome	ry	MARYLANI	2.	USUAL RESIDENCE (WHO STATE Virgini	ere deceased live	d. If institution b. COUNTY	Residence Scot	
b. CITY OR TOWN (I RURAL ond give no Bethesda	f outside corporate limit orest town)	s, write	c. LENGTH OF STAY IN 11	D	c. CITY OR TOWN (IF o	utside corporate l	~	$\times$ - 3	e nearest town)
OR INSTITUTION	AL (If not in hospitol, gi		oddress) thesda 14, Md	e	d. STREET ADDRESS Route #	#1, RFD			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin Peg	ıt	Middle Gertrud		Nichols	4. DATE OF DEATH	Month Janu	ary	29, Yeor 58
5. SEX Female	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	4	anuary 17,1	950 9. 6			YEAR IF UNDER 24 HRS. Bys Hours Min.
during most of work  None	ON (Give kind of work ding life, even if retired)	lone 10b.	KIND OF BUSINESS OR IN NONE	DUSTRY	Virginia	or foreign country	<b>'</b> }		U.S.A.
13. FATHER'S NAME Henry K.	Nichols			14	Mildred Hi				
15. WAS DECEASED EVE [Yes, no or unknown]	R IN U. S. ARMED FOR( (If yes, give wor or dates of se		None		e Clinical		_		Maryland
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II. OTH	mmediate DUE TO		CONTRIBUTING TO DEATH	CY BUT NO	Liest	NAL DISEASE CO		N IN PART I	PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in I	Part I or Part II of	item 18.)		YES 🔼 NO
ZOC. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While of wor	Not while		OF INJURY (Home, farm, street, office bldg., etc.		own)	(Cou	inty) (Stote)
actual SIGNATURE		20	nburde	~	curred at 10:00	AM, from the ADDRESS (Street, ical Cer	e causes an city or town, st nter	d an the	1/29/58
220. BURIAL, CREMATIC Burne A Paris	1/30/58	F	22c. NAME OF CEMETERY			22d. LOCATION			(Stote)
23. FUNERAL DIRECTOR Robert A		y-Be	ADDRESS ethesda, Mar	ylar	9	BY REGISTRAR	24b REGIST	RAR'S SIGN	

	E OF DEATH	CERTIFICAL		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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**CERTIFICATE OF DEATH** 935 Reg. Dist. No. filed with 2, USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN If outside corporate limits, write L. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give neglest tawn) RURAL and give neares) town) d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO willa NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Daye WIDOWED | DIVORCED IT papers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retified) 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address L INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO ony Canditians, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [ NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 195 8 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 4:45 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL O PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Parklaum Rockville Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S STONATURE ADDRESS VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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936	CERTIFICATE	OF	DEATH
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Pag Dist No

	. 400	/				Keg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY	Montgomery	MARYLAN	2. USUAL RESIDENCE (W	there deceased liveryland	ed. If institution b. COUNTY	n: Residence Montg		ision)
b. CITY OR TOWN (I RURAL and give no Bethesda	If outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN	c. city or town (if Bethesda	outside corporote	limits, write RU			in) V
d. NAME OF HOSPIT OR INSTITUTION The Clinica	TAL (If not in hospital, give strong al Center, Bet		d. STREET ADDRESS 5002 Dank	oury Cou	rt		ON	SIDENCE A FARM? NO 3
3. NAME OF DECEASED (Type or print)	Ellen	Middle Patricia	O'Brien	4. DATE OF DEATH	Janua		Boy	Yeor 19 58
5. SEX Female	Tithita	ARRIED NEVER MARRIED	Tree - 7 7010		AGE (In years of hirthday) yrs.	The second second second	YEAR IF UND	ER 24 H#S. Min.
Student	ON (Give kind of work done 1) king life, even if retired)	Db. KIND OF BUSINESS OR IN	- Washingt	on, D.C.			S.A.	COUNTRY
	ames C. O'Brie		14. MOTHER'S MAIDEN	Doris	Malinka			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	None	7. INFORMANT The Med The Clinical C				Maryla	nd
	ATH [Enter only ane cause pe ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	line for (a), (b), ond (c).]					INTERVAL BI	ETWEEN DEATH LUTES
Conditions, if a gave rise to i cause (o), stoting	mmediate (	deningococcus	Meningitis				2 day	3
PART II. OTH  PART II. OTH  OR CONTRIBUTING (IF EITHER, NOTIFY)	) (c) HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVE	EN IN PART 1	PERFC	AUTOPSY ORMED?
	AS UNDERLYING TO 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part It o	of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Wh		PLACE OF INJURY (Home, form factory, street, office bldg., etc	m, 20f. (City ar	tawn)	(Cau	unty)	(State)
21. I certify the alive an January Actual SIGNATURE	at I attended the dece pary 8 , 19		ath occurred at 10:10	Dam, from the ADDRESS (Street Cal Cent.)	ne causes ar , city or town, s er	nd on the	date state  1/8/5	ed above
	ERNEST R. SIMO	N, M. D.	The Nation Bethesda			of Hea	lth	
Burial (Specify)	1/10/1958	22c. NAME OF CEMETER Arlington I		Arling	(City, town, or	r county)	Virgin	
23. FUNERAL DIRECTOR' Robert A.		ADDRESS 557Wis. Ave. I	Bethesda, WAN 1	'd by registrar I 3 '58	24b. REGIST	TRAR'S SIGN	ATURE	
					CALLY T	Buch		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and completely at in by the funeral director, page should be detached far use as the burial-transit permit. Then please remove carban papers. Pour and 2 should be filed-with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00918

215 Reg. Dist. No.

1	PLACE OF DEATH  o. COUNTY  Montgomery  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL  c. LENGTH OF STAY IN 1b				RYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Montgomery Co. Maryland						
1	b. CITY OR TOWN (I and give represt lower Wheaton	t outside corporate limits, wrîte n)	RURAL	c. LENGTH OF STA		c. CITY OR TOWN (I		porote limits, write	RURAL on	d give n	eorest to	wn)
_	d. NAME OF HOSPIT	TAL OR INSTITUTION (I	not in hosp	pital, give street addr	ress)	d. STREET ADDRESS					e. IS R	ESIDENCE
0	2300 Bluer:	idge Drive				2300	Bludri	dge Drive	е			A FARM?
	3. NAME OF DECEASED (Type or print)	fin Charle		Middle Anthony	OT	DERSHAW	4. DATE OF DEATH	Mont Janua		Doy 13		9 58
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years   IF UNI									ER 24 HRS.		
	Male	White	WIDOWED	DIVORCE	0 2	7 November	1957	lost birthday) YES.	Months	Days	Hours	Min.
	None None	ON (Give kind of work ong life, even if retired)	one 10b. K	None	R INDUSTR	Y 11. BIRTHPLACE (Slote Maryland	e or foreign o	country)				COUNTRY
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	John B. O					Carol Broma	ann					
	15. WAS DECEASED EV	/ER IN U. S. ARMED FOR It yes, give wor or dates of s		None		ther) John 1	B. 014	Address ershaw (S	Same /	Ac #	2)	
	Conditions, if a gove rise to imme (o), stating the cause last.	diole cause underlying DUE TO		teral Bro						(F)	n Be	dead d)
	20g. EXTERNAL CA	USE WAS 201				OT RELATED TO THE TERM  ter nature of injury in Par			VEN IN PAR		PERFO	AUTOPSY PRMED? NO
	PRIMARY OF CO CAUSE OF DEATH.  20c. TIME OF INJU Hour o. m. p. m.	NIKIBUTING []		NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, formy, street, office bldg., etc	m, i 20f. (City	·	(Co	unly)		(State)
	opinion death  ACTUAL SIGNATURE  EXAMINER'S	resulted from: Notable Cank J. Bross	latural co	ouses X. Acco	ident [	e, held an Autops  ], Suicide [],  M.D. CHIEF MEDICAL E.  ASSISTANT MEDICAL  DEPUTY MEDICAL	Hamicide  XAMINER   TAL EXAMINE	* 🗆	Inquir	manne	-	
		1-17-58	Shen	Arlington Anoress in Ave., B	Nat.	l Cemetery	100	ington, V		nia	(Stote	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executive certificate, writing the word "pending" in pendi in them, 18. Give Poges 1, 2, and 3 to the kineral director. Page 4 she to eforworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be the for your files.

TO FUNEKAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

# BUREAU V. E.

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### FOR STATE HEALTH DEPT.

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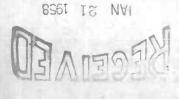
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the founcial director. Page 4 is defined to the Chief Medical Examiner's Office along with form PM3. Page 5 may it cannot for your files.

TO FEWERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriot, cremotion, ar removal, and in any event-within 72 havrs after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 938MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

- 100		Reg. Dist. 110.
1		deceased lived. If institution: Residence belore admission)
	Montgomery MARYLAND OSTATE MIGH	Muse b. COUNTY M mig
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside and giveyped(ets-jown)	ide corporate limits, write RURAL and give nearest town)
	Silver Spring 28 yrs 56 Silver	spung
	d. NAME OF HOSPITAL OR INSTITUTION (In not in hospital, give street address)	IS RESIDENCE ON A FARM?
	1701 Dennes Civa 1701 2	ennis Cier YES NO D
3	DECEASED	DATE Month Day Year DEATH Jan 16 1958
5	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH	9. AGE In yours IF UNDER TYEAR IF UNDER 24 HRS.
	male white WIDOWED   DIVORCED   8-30-1902	los (bythday) Months Doys Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or for during most of working life, even if retired)	reign country) 12. CITIZEN OF WHAT COUNTRY?
	architect somethophus Loh.	XXXXXXX 21.86
1	13. FATHER'S NAME	
1	JOHN Melson Jame Essie	In Die
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown]   [If yes, give wor or doles of service]	Address
	Yes WW #2 578-10-7674 Francy James	- Danne ero VIII. 2
	18. CAUSE OF DEATH [Enter only one cause per line lor (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Celetrerel flygonthose & lace	ONSET AND DEATH
	976 X DUE TO	Sudden
	Conditions, il ony, which) the Afrit Green Morres	
	gove rise to immediate couse (a), stating the underlying DUE TO	
	couse tost. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DECLARD OF THE PRIMARY OF CONTRIBUTING DECLARD.	PERFORMED?
1	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or	
	ALLER LANGER LANGE LITTLE AND AND LANGE	vorund
1	20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED 20e. PLACE OF INJURY Home, form, 120	
6	Hour Not while Not while lactory street, office foldg., etc.)	selies sping Monto me
	21. I certify that I took charge of the remains described above, held on Autopsy	
1		icide, Undetermined monner
	SIGNATURE FRANK O. Broschart M.D. CHIEF MEDICAL EXAMIN	DATE SIGNED
	ASSISTANT MEDICAL EX	AMINIER C
	EXAMINER'S FLANK J. Broschart DEPUTY MEDICAL EXAM	1-16-58
- 1		LOCATION (City, town, or county) (Stote)
-	BURIAL 1/20/38 ARLINGTON NATIL. GEMETERY	ARLINGTON, VIRGINIA
2	23. FUNERAL DIRECTOR'S GIGNATURE ADDRESS 240. REC'D 8Y	REGISTRAR 246. REGISTRAR'S SIGNATURE
L	Wakner to lumphily, SILVER SPRING, MD. DATE	0.1.1
	JAN 2	158



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00920

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND	o. STATE Maryland	b. COUNTY Montgor	
b. CITY OR TOWN Iff autside corporate limits, write	RURAL C. LENGTH OF STAY IN 16	11	orporate limits, write RURAL and give	
ond give nearest town) Takoma Park	D.D. A	56 Silver Spring		
d. NAME OF HOSPITAL OR INSTITUTION (	If not in hospital, give street address)	d. STREET ADDRESS	• Mary Land	e. IS RESIDENCE
Washington Sanitarium		302 Northwest	Don's and	ON A FARM?
3. NAME OF Fin		Lost 4. DATE		
DECEASED (Type or print)	Adelaide	OF DEATH	Month Do	10-1
Anna	7. MARRIED NEVER MARRIED	urgt BIRTH	9. AGE (In years   IFUNDER 1YEA	19 58 AR IF UNDER 24 HRS.
77		2-23-78	lost birthdayl Months Days	
Female white			79 yrs. Monins 2075	
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)		TRY III. BIRTHPLACE (State or foreign		OF WHAT COUNTRY?
retired-hswf.	OWN HOME	Pennsylvania	U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Reinmiller		Henrietta	Rein	
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no, or unknown) (If yes, give wor or doles of		NFORMANT	Address	
no		spital Records		
CATIO	Generalized	MITURE SCL		19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Day, Year Hour o. m.	While Not while foct	CE OF INJURY (Hame, farm, 20f. (Ci	ity or town) (Caunty)	(State)
	of work of work	wa hald an Autanu 🗖		7
death resulted from: Natural of ACTUAL SIGNATURE			Undetermined cause .	C), and find that
EXAMINER'S FLANK	J. Broschert	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	- /- /4	4-58
220. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 1/18/58	GREENMOUNT CEM		ATION (City, town, or county) ADELPHIA, PA.	(State)
23 FUNERAL DIRECTOR'S SIGNATURE WALKER & Pumph	Ley, SILVER SPRING	, MD. 24g. REC'D BY REGI	STRAR 246. REGISTRAR'S SIGNAT	URE

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ALTERIOR STATE DEPARTMENT OF BEALTH-BALTHBOOK, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with	1
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00	may be retained by the haspital or attending physician.	DIREC	d be	the registrar prior to buried gremation or removed and in the event within 72 hours after death.
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	: 939 CERTIFIC	CATE OF DEATH Reg. Dist. No. () () 921
	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
i	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR, INSTITUTION. HITA VISTA NEST HOME	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print) CATherine Barbaro	Q PAULEY 4. DATE Month Day Year OF DEATH JAN 30 1958
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last birthdoy) Months Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN dyring most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME To Richal	14. MOTHER'S MAIDEN NAME Peitz
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) (If yes. give wor or dates of service)	7. INFORMANT Address
)	PART 1. DEATH WAS CAUSED BY:  1420.1  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost.  PRTERIO SC  (b)  DUE TO  DUE TO  (c)	
0	CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [2]
		IRRED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work 19 at work	PLACE OF INJURY (Home, form, 20f. (City or rown) (County) (State) foctory, street, office bldg., etc.)
		ath accurred at ASSA L.M., from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
1	PHYSICIAN'S DEWITT E. DELAWTER	M.D. 8025 ABERDEEN Rd JAN 30 193 Bethesda 14, Maryland
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 2/1/58 Knollwood	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOSEPH, Harrien's Sons 1756 Pa. Ore	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE COLLEGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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67.			
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MINISTER			

e. IS RESIDENCE ON A FARM?

Day

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

DATE

ARLINGTON, VIRGINIA

24b. REGISTRAR'S SIGNATURE

U.S.A.

YES NO

Year

19

secu.

PERFORMED? YES NO K

(Stote)

(Stote)

Reg. Dist. No.

funeral P

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest tawn)
BETHESDA 8 hrs. SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS SUBURBAN HOSPITAL 4408 HEWITT AVENUE NAME OF 4. DATE First Middle Month DECEASED DEATH (Type ar print) ROBERT LODGE PAXSON JAN 6. COLOR OR RACE 7. MARRIED TANEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months MALE WHITE WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) PHARMACIST(District VIRGINIA Mgr. Peoples Drug 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT SCOTT PAXSON ANNIE LODGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address YES WW #] Mrs. Margaret A. Paxson, 4408 Hewitt Ave. Silver Springer AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO releno delevosis Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a.m. Not while of work at work 21. I certify that I attended the deceased from De 1936 to West 21 \_\_\_\_\_, 19 X that I last saw the deceased and that death occurred at 4400 M, from the causes and an the date stated above. alive on ADDRESS (Street, city ap town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

SILVER SPRING. MD.

**ADDRESS** 

ARLINGTON NAT'L. CEMETERY

22a. BURIAL CREMATION.

REMOVAL (Specify)

BURTAL 23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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		THE RESERVE OF THE PARTY OF THE PARTY.
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	EAVE 10 PERMIT NO 370PETAL	
		And the second of the second
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8361 88 NAI		
BECEINE	Table of Control of Co	MATERIAL CONTROL OF THE STATE O

Reg. Dist. No.

					Mag. Dist. 140	
n. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	o STATE		lived. If institutio b. COUNTY	ni Residence before Montgo	
		c. CITY OR TOWN	V (If outside corpor	ote limits, write RU	IRAL and give ne	earest town)
Had alat -	16 yrs.	X Glen	Echo He	ights		
d. NAME OF HOSPITAL (If not in hospital, give street addre	35)	d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM?
	Rd.	/ 6409 D	ahloneg	a Rd.		YES NO NO
3. NAME OF DECEASED (Type or print) LUCILE	Middle I	PELLEU Lost	4. DATE OF DEATH	Jan.	10,	195 8
17 . 7 1.77 4.4	3-12.2			9. AGE (In years lost burthday) yrs.	Manths Days	R IF UNDER 24 HRS. Hours Min.
Housewife Ho		And	erson,	untry) Ind.		OF WHAT COUNTRY?
(Yes, no, or unknown) (If yes, give wor or dates of service)					" Iter	m #2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause lost.	tastasis	- Brouch	l hogenie			SET AND DEATH
20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE					EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
Hour o.m. While _	Not while for	ACE OF INJURY (Home ctary, street, affice bldg	, form, 20f. (City	or town)	(County)	) (State)
actual SIGNATURE Denerally >	WIII.		AM, fram ADDRESS (St	the causes areet, city or town, s	nd an the do	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c			22d. LOCAT	ION (City, town, a		(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240				INIC .
Robert a. Pumphrey	Bethesda,	Md .		Reed.	1	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Glen Echo Heights d. NAME OF HOSPITAL (If not in hospital, give street address or Institution) GLO9 Dahlonega  S. NAME OF DECEASED (Type or print) G. SEX G. COLOR OR RACE Female G. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE G. SEX G. ACCIDENT (If yes, give wor or dates of service) Who or unknown)  IB. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (b), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTINUE  200. ACCIDENT WAS UNDERLYING DUE TO Lying couse lost.  CONTRIBUTING CAUSE OF DEATH HOUR O. m. P. m.  19 of work  21. I certify that I attended the deceased for alive an p.m.  21. I certify that I attended the deceased for alive an p.m.  PHYSICIAN'S BOUR IDGE  220. BURIAL, CREMATION, 22b. DATE THEREOF BUT 13  S. FUNERAL DIRECTOR'S SIGNATURE  3. FUNERAL DIRECTOR'S SIGNATURE  3. FUNERAL DIRECTOR'S SIGNATURE	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  d. NAME OF ECHO Heights  d. NAME OF HOSPITAL (If not in hospitol, give street address)  or INSTITUTION  6LO9 Dahlonega Rd  INDUSTRICT MARKED FORCEST (If not in hospitol, give street address)  INDUSTRICT MARKED FORCEST (If not in hospitol, give street address)  INDUSTRICT MARKED FORCEST (INDUSTRICT MARKED INTO FRIEND INTO	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) Glen Echo Heights  d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  64.09 Dahlone ga Rd.  1. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  64.09 Dahlone ga Rd.  1. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  64.09 Dahlone ga Rd.  1. 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may to be a second of the hospital or ottending physicion.

Decrease at a DIRECTOR: After this certificate has been signed by the ottending physician and completely in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages ond 2 should be filed with the registror prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FU VS A15 (4) 15M 9/5S

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral directar, TO FUN L DIRECTOR: After this certificate has been signed by the attending physician and campletely fit page Straud be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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VIAKTLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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942 CERTIFICATE

OF	DEATH		Re	g. Di	st. No.		
	ECIDENICE MALL	1	16 1 414 41 1	0	b-6	-4-1-4-	

o. COUNTY Montgomery	MARYLAND	o. STATE Mary.	land b. COUNT	Montgomery
b. CITY OR TOWN (If outside corporate limits, write SURA) and give nearest swith and give nearest swith and give nearest swith and give nearest swith a surface of the surf	c. LENGTH OF STAY IN 16  5 Year	c. CITY OR TOWN (IF or	utside corporate limits, write S11.ver	RURAL and give nearest tawn) Spring
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Lane	oddress)	d. street address Lutes	Lane	e. IS RESIDENCE ON FARM? NO
3. NAME OF First DECEASED (Type or print) EILEEN	Middle	PIPER	4. DATE Mo OF DEATH Jan.	Day Year 15 1958
Female White WIDOWN	DIVORCED [		9II 9. AGE (In years lost birthday)	Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during the orking limited)	Domestic	TRY 11. BIRTHPLACE (Stole of Oklah)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cristopher Care;		14. MOTHER'S MAIDEN N		Manchon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no, or unknown)  (If yes, give wor or date of service)  ###################################		orge A. Pip		de As 2
PART 1. DEATH (Enter only one cause per line of the part 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	whosed a		ma :	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRED			IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. II	Not while at wart.	ACE OF INJURY (Home, form, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decease alive an	, and that death		M from the causes	Athat I last saw the deceased and an the date stated above.  DATE SIGNED  Silver Spring
220. BURIAL, CREMATION, 22b. DATE THEREOF Jan. IS 195	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, Silver Sp.	or county) (State) Oring Md.
23 April Director's Signature Barber	Laytonsville	, Md. 24g. REC'E	D BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please executed the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sh be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be inced for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Saie Baard of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. I

VS. A15ME 5M 2/57

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 94 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH	ONTGOMERY		MARY	LAND	2. USUAL RESIDENCE  O. STATE MAR	E (Where decea	sed lived. If institution b. COUNT		ONTGO	fore odm	ission)
	b. CITY OR TOWN (IF ond give nearest town) SILVER SP		RURAL	6 years	N 1b	c. CITY OR TOWN		porote limits, write	RURAL c	nd give n	searest to	wn)
	d. NAME OF HOSPITA		If not in hosp	pitol, give street oddress	1)	d. STREET ADDRES		REET			ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	ANNA	sf	(NMI) Middle	PRI	EDITE Lost	4. DATE OF DEATH	JANUARY		Doy		<sup>(eor</sup> 9 58
-	SEX EMALE	6. COLOR OR RACE WHITE	7. MARRIES	D NEVER MARRIED  DIVORCED	-	UGUST 13,	1869	9. AGE (In years fact birthday) 88 yrs.	Months .	Doys Doys	IF UND Hours	ER 24 HRS. Min.
	during most of working			WN HOME	NDUSTR	11. BIRTHPLACE (S  LATVIA  14. MOTHER'S MAID!		country)		ATVI		COUNTRY
	JANIS GOLD	BERGS				UNKNOW	IN					
	NO NO DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of	service)	SOCIAL SECURITY NO.		REINHOLDS	KARKLI	NS, 1101	DRYDE			G,MD. LVER
CATION	Conditions, if or gave rise to immed (a), stating the uncourse last.	inderlying DUE TO	.ge	NTRIBUTING TO DEATH	00	arteria	aclus  ERMINAL DISEAS		VEN IN PA	3		AUTOPSY ORMED?
CENTIFICA	20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCUR	RED (En	ter noture of injury in	Port I or Part II	of item 18.)			YES 🔲	NO [3]
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	20d. If While of wor	Not while		E OF INJURY (Home, ry, street, office bldg.,		y or town)	(0	County)		(Slote)
	apinian deoth	resulted from: 1	Natural c	emains described auses Z, Accid Arhand		M.D. CHIEF MEDICA	f fund		ermined	manne	DATE S	id in my
22	o. BURIAL CREMATION REMOVAL (Specify) BURIAL	JAN.13.1		22c. NAME OF CEMETE ROCK CREE				TION (City, town, HINGTON,		) }. ,	(Stot	e)
23.	FUNERAL DIRECTOR		skray	SILVER SP	RING	300	AN 1 4 '58	TRAR 246. REG	edu.	SIGNATU	RE	

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VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		944	Keg. Dit	1. 110.
	1, P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
	0	Montgonery Maryland	a. STATE Md b. COUNTY MD	ita
A.	b.	CITY OR TOWN III outside comporate limits, write BURAL c, LENGTH OF STAY IN 16 and give negress lown	c. CITY OR TOWN (If autside carporate limits, write RURAL and	give pearest town)
		Silver Spring 2 ym	56 Gilvan Spring	
	d	NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		10204 Haywood Dr.	10204 Haywood 1	YES NO
	0	NAME OF DECEASED Type or print)  Carrie Ungana	Lost 4. DATE Month OF DEATH Quin /	Doy Year 5 1958
	5. S	6. COLOR OR RACE 7. MARRIED DATVER MARRIED B.	DATE OF BIRTH 9. AQL IIn years IF UNDER 1 (a) Jurinday) Months C	YEAR IF UNDER 24 HRS.
	10-	ASUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	11+25-1868 809 yrs	EN OF WHAT COUNTRY?
)		yring most of working life, even if retired)  7. 3. 96V,		4-S-C
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1-3,4
		M. Harris	Comelia ne Jan	
		WAS DEREASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	SFORMANT Address	
	[Yes,	no. esturizani) III you gifurar or dates of service! NONE Us	rgin & Strobel - Jame a	Itum 2
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL PETWEEN ONSET AND DEATH
			lusim	Sudden
		420.1 DUE TO		
		Conditions, if any, which (b)		
		(a), stating the underlying DUE TO		
		cause last. (c)		
0	TION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	5	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port I or Port II of item 18.)	YES NO
	CERTIFICATION	PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.	mer nature at injury in Post I at Post II at Hem 18.]	
	MEDICAL	- Santa	CE OF INJURY (Home, farm, 20f. (City or tawn) (Caurary, street, affice bldg., etc.)	nty) (State)
	MED	Haur a, m. While Not while of work at wark	ary, sneet, differ study, etc.)	
		21. I certify that I took charge of the remains described abo	ve, held on Autopsy 🔲, Inspection 🖼 Inquiry	and in my
		opinion death resulted from: Natural causes 📈. Accident [	, Suicide , Hamicide , Undetermined m	anner 🗌
		1 10		DATE SIGNED
)		SIGNATURE TRANK J. Broschart	M.D. CHIEF MEDICAL EXAMINER	
~		EXAMINER'S FLANK J. Broschant	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER   Taux	5-1958
	220	ARMOVAL (Specify) 1/18/19-8-00 mm His	CREMATORY 22d. LOCATION (City, low, or county)	o Co (Stote)
	25	FUNERAL DIRECTOR'S SIGNATURE APPRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
	13.	1/11/ Hampers & - Rumper	Mo	TIOKE
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CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. STATE Tennessee a. COUNTY Montgomery b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sneadville Bethesda days d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route #1 The Clinical Center, Bethesda lu. Md. YES NO NAME OF First Middle Lost 4. DATE Manth Doy Year DECEASED 158 Charles DEATH January 22. Henry Ramsev (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) Months Doys Hours Male White WIDOWED | DIVORCED T May 12, 1924 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Farming Tennessee 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Donna Williams Hugh Ramsey 17 INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes The Clinical Center, Bethesda 14, Maryland 411-36-5393 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. {c}. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part 11 of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or Igwn) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I attended the deceased from December 30, 10 57 January 22, 19 58 that I last saw the deceosed and that death occurred of 9:30 AM, from the causes and on the date stated above. olive on January ADDRESS (Street, city or town, state) DATE SIGNED The Clinical Center ACTUAL National Institutes of Health PHYSICIAN'S Bethesda ll. Marvland NAME (Type) Roger Lester 22a. BURIAL, CREMATION, 22b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify Luren DDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be celained by the haspital or attending physician.

TO FULL I DIRECTOR: After this certificate has been signed by the attending physician and campletely form in by the funeral director, page 3-mould be detached for use as the burial-transit permit. Then please remave carban papers. Pages and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

" - 10				Reg. Dis	r, 140,
1. PLACE OF DEATH  o. Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary Lan	_ b. C	institution: Residence COUNTY Mont	
b. CITY OR TOWN (If outside corporote limits, write RURAL and give negrest town) RURAL Gaithersburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		write RURAL and gi	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION, Rt. #1 Gaithers b		/ Rt. #1			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) E11jah	None)	Redmon	4. DATE OF DEATH	Month Jan.	Day Year 27 19 58
37	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 22. 1		41 4 4	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FRIM LEDOR	Farm	STRY 11. BIRTHPLACE (Slole	or foreign country)		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Joseph Redmon		Octavio	us Redmo	on	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
(Yes, no or unknown) (If yes, give war ar dates of service)	None M	rs. Margare	t Burdett	e Rt.#	I Gaithers-
Conditions, if ony, which gove rise to immediate code code (o), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS	pinear	curne	r Hen	rt-	10119. WAS AUTOPSY
5	ESCRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH				16.)	
Hour o. m. Whil		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	-)		ounty) (Stole)
21. I certify that I attended the decedalive and 1911. 19	Activity .	accurred at # 34		uses and on the	ast saw the deceased e date stated above.  DATE SIGNED  1-2-9-17
PHYSICIAN'S Dr. Jack Sch	umacher l	Medical Art	s Bidg.	Gaither	sburg, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify) 1-30-58	22c. NAME OF CEMETERY O		22d. LOCATION (City		(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ytonsville,	24g, REC'	Diskers D 8Y REGISTRAR 24	b. REGISTRAR'S SIG	V Land Nature

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 8,17 Ft mg225 2-7-58 et CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND nont 60 mer b. CITY OR TOWN (If outside corporate limits, write 135 C. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) pluods NASHI eTHCS DA d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle DATE Year Day DECEASED (Type or print) DEATH anusy 195 5. SEX 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED birthdoy) Months Days Hours MALE DIVORCED [ WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done during flost of working life won if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)

10cher 1 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S JOSEPH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Q. ft. While Not while at work ot work p. m. 21. I certify that I attended the deceased fram 1928 to 195 Cthat I last saw the deceased alive on\_ and that death occurred at P.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, accounty) (Stote) REMOVAL (Specify) GATE-OF-EAUEN RIA 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) relen 3821-14 Th ST. NW 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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		940	CERTIF	FIC	ATE OF DEATH	4		Reg. Dis	st. No.		
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYL	AND	2. USUAL RESIDENCE (WE o. STATE Maryla		d lived. If institution b. COUNTY		-	e odmis	tion)
b. CITY OR TOWN (IF RURAL ond give ne	outside corporate limi arest town)	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o			ural ond one	give nea	rest tow	n) /
d. NAME OF HOSPITA OR INSTITUTION			ty General	Но	d. street Address					ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fii Mor		Middle W •		Ridgely	4. DATE OF DEATH	Janua:		Doy 1	7	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED		B. DATE OF BIRTH September 4.	1884	9. AGE (In years last birthday) 73 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired farmer	done 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (State Marylane	or foreign c				S. I	COUNTRY
13. FATHER'S NAME	William	H. Ri	idgely		14. MOTHER'S MAIDEN N		MATAX DE	ау			
15. WAS DECEASED EVER (Yes, no. or unknown) unknown	R IN U. S. ARMED FOR If yes, give war or dates of t	CES? 16.	SOCIAL SECURITY NO.	17. 1	hospital rec	ords	Add	ress			
Conditions, if ar gave rise to in couse (a), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO: ny, which nmediate the under-	Ar My My My My My My My My My	terioscle ocardi <b>āl</b>	roin	diac failure tic heart d sufficiency	iseas		/EN IN PAR	5	yea 9. WAS PERFO	rs
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	Part I or Por	rt II of item 1B.)				
Y 20c. TIME OF INJURY Hour o. n. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while k of work	20e. Pl fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (Cit	y or town)	(0	County)		(State)
actual SIGNATURE	hadas.	, 125 WL	8 , and that		accurred at 12:1	ADDRESS (S	m the Causes of treel, city or town,	state)		te stat	
220. BURIAL, CREMATION REMOVAL (Specify) Burial		OF .	22c. NAME OF CEME	TERY C		22d. LOCA	TION (City, Iown,	or county)		(Sta	te)
23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS ott City, Md		24a. REC'	D BY REGIS	TRAR 24b. REGI	0.0	GNATUR	/	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	MAKYLAND	STATE DEPARTM	ENI OF HEALI	H-BALIIM	ORE, 18	
	95	1 CERTIFICA	ATE OF DEAT	Н	Reg. Di	II. NJ 0933
1. PLACE OF DEATH a. COUNTY Montgome	rv	MARYLAND	2. USUAL RESIDENCE (W. o. STATE  Marvland		The state of the s	ce before admission)
RURAL and give n Germanto	wa,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If  X Poolesvi)			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	LOURETTA.		ROBINSON	4. DATE OF DEATH	Month  Jen.	Doy Year 1, 19 58
5. SEX Female	6. COLOR OR RACE 7. MAR Colored WIDOW	ED DIVORCED	Sept. 1, 19	57	birthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind af work done 10b. king life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote Meryland			S. A.
13. FATHER'S NAME George	C. Robinson		14. MOTHER'S MAIDEN Bertha	E. Wims		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16.		eorge C. Robi	nson	Address Poolesv	ille, Mi.
Canditions, if a gove rise to i couse (a), storing lying cause lost.	mmediate (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE COND	DITION GIVEN IN PART	
PART II. OTI	AS UNDERLYING [ 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of it	em 18.)	PERFORMED? YES NO
(IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m. p. m.	RY Manth, Day, Year 20d. I		ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City or town	n) (C	County) (Stole)
21. I certify the alive an	nat I attended the decear and, 19		accurred at 10:30	/	causes and an they or town, state)	ast saw the decease the date stated above DATE SIGNED
PHYSICIAN'S NAME (Type)		rtens				md.
220. BURIAL CREMATIC REMOVAL (Specify Burial	1/5/58	Poolesvi 1			ity, town, or county)	(State)
23. FUNERALI DIRECTOR	s signature Swind	ADDRESS Rookville,		D BY REGISTRAR	24b. REGISTRAR'S SIC	GNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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954 CERTIFICATE OF DEATH with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY filed a. STATE b. COUNTY MARYLAND Montgomery Maryland death. be b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) shauld Kensington Kensington d. NAME OF HOSPITAL (If not in hospital, give street address)
4300 Ambler Drive d. STREET ADDRESS 4300 Ambler Drive NAME OF Middle RUDERICO 4. DATE Month WIXX (Type or print) Jan. 26. W DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Male Nov. 18, 1888 White WIDOWED T DIVORCED T yes. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Red Star VenetCo Red Star YeastCo. Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Best Henry Ruderich physicio remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending ves 387-09-6980A Mary Ruderich-Hem# please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) 450.0 **DUE TO** that þ mit. any Conditions, if any, which (b) signed gave rise to immediate per DUE TO cause (a), stoting the underlying couse lost. physician burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) SD 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED Day, Year 20f. (City or town) foctory, street, office bldg., etc.) Q. f). While Not while of work at work p. m. 21. I certify that I attended the deceased from \_\_\_that I last saw the deceased alive on and that death occurred ath M, fram the causes and an the date stated above. DDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) Samuel Allen - Kensington, Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN REMOVAL (Specify) Milwaukee, Wisconsin ransit Union 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Montgomery

 IS RESIDENCE ON A FARM?

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH 955 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Virginia Montgomery MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Alexandria Chevy Chase das d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7709 Meadow Lane AVES NO TO Russell Rd. at Mt. Vernon NAME OF First Middle Last 4. DATE Month Year DECEASED (Type or print) CORTNNA LESUEUR RUSSELL DEATH 19 58 January 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 75 vrs Months Days female white WIDOWED TX DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Missouri U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander A. Lesueur Trigg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Alexander L. Russell. 7709 Meadow Lane nc 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 30 min PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute pulmonary embolism DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? fracture of right YES TWNO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell in own home on level floor 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 12/23, 57 While factory, street, office bldg., etc.) Nat while at work at work Alexandria home 21. I certify that I attended the deceased from. and that death occurred at 12:30 PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 915 19th St., NW., Washington, (Montgomery County Coroner notified & approved) PHYSICIAN'S Louis Ross NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) -REMOVAL (Specify) Jan 5-1958 Sikeston 23. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JAN 8

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

	957	CERTIFICA	ATE OF DEAT	Н	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Mong	g tomer y	MARYLAND	C STATE	/here deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside co RURAL and give nearest town) Bethesda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Arlington	outside corporate limits, write R	URAL and give nearest town)  83 X - 3
d. NAME OF HOSPITAL III not in OR INSTITUTION Resm	nor Sanit or Lane	arium & Hospita	d. STREET ADDRESS	Rhodes Stree	e. IS RESIDENCE ON A FARM? YES NO DE
	nice	Tyree Ry	lost	4. DATE OF DEATH	Day Year 1958
	r OR RACE 7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH 2/23/1874	9. AGE (In years last birthday) 83 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, every the control of	nd of work done 10b. en if retired)	kind of Business or Indu	STRY 11. BIRTHPLACE (Stor		12. CITIZEN OF WHAT COUNTRY U.S.A.
Woodson A.	Tyree		14. MOTHER'S MAIDEN	J. Houston	
15. WAS DECEASEDEVER IN U. S. (Yes. no. or unknown) [If yes, give w	ARMED FORCES? 16. or or dates of service)		Records at		ress tarium & Hospit
Conditions, if any, which gave rise to immediate	AUSED BY: TE CAUSE (a) DUE TO (b)	ne for (a), (b), and (c).]	Pulmo eretre H	nary Ede	Mod Stand
Couse (a), stating the underlying couse last.  PART II. OTHER SIGNIF  OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	(c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TA
	OF DEATH EXAMINER) 206. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Hour a. m. p. m.	Day, Year 20d. It While at work	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., e		(County) (State)
21. I certify that I atterate alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)			19.30 to 19.00 to 19.	0	A, that I last saw the decease and on the date stated above DATE SIGNED
Burial (Specify)	7/58	Columbia		Arling ton.	

REMOVAL (Specify) 1/7/58 Columbia Gardens

23. FUNERAL DIRECTOR'S SIGNATURE

The S.H. Himes Co. - 2901 14th St., N.W.

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/SS 00940

958 CERTIFICATE OF DEATH

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1. PLACE O o. COUN		MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	b. COUNTY	sidence befare admission)
b. CITY C	OR TOWN (If outside corporate limits, and give nearest town)		c. CITY OR TOWN (IF of	nutside carparole limits, write RURAL	and giv nearest town)
ORIN	E OF HOSPITAL (II not in hospital, give ISTITUTION / tos pit	street address)	d. STREET ADDRESS	Sea DR	e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	First	Philomeno	Saffell	4. DATE Month OF DEATH	Day Year 24 1958
5. SEX	0	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH / 19	25 9 AGE (In years IF UN Mon Mon //	The Days Hours Min.
Insc	OCCUPATION (Give kind of work donings of working life, even il retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S	John Ma	rtinus	14. MOTHER'S MAIDEN N	kenom	
15. WAS DE (Yet no, or uni	CEASED EVER IN U. S. ARMED FORCES		lmer Satte	(H) 1601 Ce	val Sea R, Re
	USE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	-	orrhage		ONSET AND DEATH 14 hours
	DUE TO		Ce	rebral	
Conse	rise to immediate (a), stating the <u>under-</u>			skarak Artery	14 hours
CATION	PART II. OTHER SIGNIFICANT CONDITI	Congenital Berry		nal disease condition given in	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. AC	CCIDENT WAS UNDERLYING THE NTRIBUTING CAUSE OF DEATH (SER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.)	100
	our o.m.	20d. INJURY OCCURRED 20e. Pt. fo wark at wark 1	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	, 20f. (City ar tawn)	(County) (State)
21. 1	certify that I attended the de	ceased from 23 Jan	1918, 10 s	2 4 Jan 195 tho	t I last saw the deceased
alive	on 7 7	1957, and that death		M, fram the causes and a	in the date stated above.
ACTUAL	war Hemme Cr	nagan	M.D. 809Vier	S Mill RD.	
PHYSIC NAME	IAN'S /4, C. M.	adanzini	Poch	rely lug	
220. BURIAL REMOV	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or cour	nty) (State)
Buri	21 1/28/58		National		irginia
-	L DIRECTOR'S SIGNATURE	ADDRESS Mark	3	D BY REGISTRAR 245. REGISTRAR	S SIGNATURE
Robe	rt A. Pumphrey	Bethesda, Mar	yland DATE	N 2 7 '58 Others	and the second
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303			Reg. I	Dist. No.
. PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived. If institution: Resid	ence before admission)
o. county Montagemery	MARYLAND	o. STATE VIRG-1	NIA b. COUNTY AR.	LINGTON
	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURAL and	d give nearest town)
Seth paga!	24'20 10 month	ARLING	-76 N 83)	K-3
d. NAME OF HOSPITAL (If not in hospital, give street odd	iress	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
KESMOR SANITARIUM & HO	SDITAL	2110 N.	16Th ST	YES NO Z
NAME OF First	Middle	Last	4. DATE Month	Day Yeor
DECEASED (Type or print) PARR	Y FAUL :	SAMPLE	DEATH January	257 1958
S. SEX   6. COLOR OR RACE   7. MARRIED	2	B. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.
Male white WIDOWED	DIVORCED .	28 Sept 1882	lost birthdoy) Months	Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)   12. C	TITIZEN OF WHAT COUNTRY?
11, S. Sort Cler	K U.S. Senate	Knightsto	LEM Incleana	Le. S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME .	
John Underlie Jample		arra d	Maria Berk	
5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.	NFORMANT	Address	
	one (	Thank G. O	Damhale 2110-16th.	St. W. Almit
1B. CAUSE OF DEATH [Enter only one cause per line f	or (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	retral The	embasis		ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED?
Semested ar toriciscles	rasis:			YES NO P
20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRI	BE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Port I or Port II of item 18.}	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		ACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stole)
Hour o. 51.  p. m.  While of work	Not while too	clory, street, office bldg., etc.		
21. I certify that I attended the deceased	from Deely	. 1957 to 10	enciana 1958 that	I last saw the deceased
alive on January 27 195		- 0	DM, from the causes and on	
	, and mar deam		ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Thomas & Curt	ten	un 900 17th	STh.W.	
PHYSICIAN'S Thomas E. CURT.	IN	Na	showing for D.C.	
20. BURIAL, CREMATION, 22b. DATE THEREOF 2	Zc. NAME OF CEMETERY OF		22d. LOCATION (City, town, or county	) (Stote)
D.REMOVAL (Specify)		Cemetery	Washington D	C
	Pennsylvani		D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00942 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 8 b. COUNTY MARYLAND nn/gomer b. CITY OR TOWN (If autside corporate limits, write / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) D RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES IN NO burban NAME OF Middle First 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH John Sanderson 19, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthdoy) Months Doys WIDOWED TO DIVORCED T while ma popers. d 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PTITEd P 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Doer. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 4 0.1 DUE TO Canditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the under-1). Kent disited dusit lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? burial-tr YES TO NO DO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II / item 18.) 20c. TIME OF INJURY Month. Day, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) Hour a. fi. foctory, street, affice bldg., etc.) USe While Not while at work ot wark p. m. 21. I certify that I attended the deceased fram. \_\_, 19\_\_\_,that I last saw the deceased and that death accurred at 429 alive on M. fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL DOC PHYSICIAN'S NAME (Type) 0 0 20. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OF CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 248 REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plea executive certificate, writing the ward "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the foundarial director. Pages 4 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Healt are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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-		PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceas			idence be	fore odm	ission)
0	1	M	ontgomery		MARYLAN	o. STATE Mary	rland	b. COUNT	N N	donte		
1	1 6	b. CITY OR TOWN	(Il outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL	ond give I	neorest lo	wn)
7		Bethes			D.O.A.	X Bethesd	la.					
~		d. NAME OF HOSPI	TAL OR INSTITUTION (	f not in hos	pital, give street address)	d. STREET ADDRESS		1				ESIDENCE
4		Suburb	an Hosp.			64.15	Lybro	ok Dr.				A FARM?
/		NAME OF DECEASED (Type or print)	Stewart K	endall	Middle Scott	Lost	4. DATE OF DEATH	Jan. 1		Doy 958		feor
	5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years				ER 24 HRS
		male	white	WIDOWED		Oct. 22,	1957	fort birthday)	Months	Por	Hours	Min.
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	d	during mast of working none	ing life, even if retired)			Washing	ton D.	2.		US	A	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN				0 2	-	
		Robert	M. Scott			Marion		p				
	15.		VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	MITCOLE	Address				
	{Yes	s, no, er unknown)	(If yes, give war or dates of	service)		Marion Sco	tt ( mo	other) Sa		e Th	m 2	
	-	TIR CAUSE OF DE	ATH   Enter only one cou	se per line f	or (o), (b), and (c), ]	INTERVAL DETWEEN						I FNJ
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		Conditions, if	1									
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7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR									AUTOPSY PRMED?		
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		CAUSE OF DEATH	ONTRIBUTING [									
	MEDICAL	20c. TIME OF INJU		While		LACE OF INJURY (Home, for actory, street, office bldg., et	rm, 20f. (City	or town)	{C	County)		(Stole)
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39						Suicide ,		· hand		iry 🗌		d in my
		opinian death	resulted fram:	Matural c	auses [-], Accident	, Suicide ,	Homicide	, Under	ermined	manne	er 📙	
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		SIGNATURE	Maux y	1311	mul	M.D. CHIEF MEDICAL						
		EXAMINER'S	Frank F.	Brosol	ont	ASSISTANT MEDI			0.50	י רו	0.50	
	00	NAME (Type)				DEPUTY MEDICAL			an.			
	220	REMOVAL (Specify	ON, 22b. DATE THEREC		22c. NAME OF CEMETERY	~		MON (City, lown,		T ~	(State	e)
	22	Burial FUNERAL DIRECTO	11/13/5		ROCK UPEEL	c Cemetery	C'D BY REGISTI	ashingt	-	-	nc.	
	23.	Jus.	Tawler.	· Sen	1756 Penns	Ave NW DATE		RAR 245 REGI	Led	uen	KE	
		09 VV	VVVV	KU								

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n: Page 4	1. PLACE OF DEATH Montgomery
r death:	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda
urs ofter do by the fund d 2 shauld	d. NAME OF HOSPITAL (If not in hospital, give street ode Suburban Hospital
es year	3. NAME OF First DECEASED (Type or print) Myrtle
within 2.	5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED
the death certificate be executed with the attending physician and completely Then please remove corbon popers. Pavent within 72 hours after death.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife  13. FATHER'S NAME
death certificate be extending physicion and please remove corbon within 72 hours after d	Charles Poole  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or unknown) (If yes, give wor or dates of service)
that the death by the attendi t. Then please y event within	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
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DING PHYSICIAN: The low rechospitol or ottending physicion After this certificate has been sized for use as the burial-transitiol, cremotion, or remayal, and	PART II. OTHER SIGNIFICANT CONDITIONS COL
G PHYSIC yitol ar off r this certi for use os cremotion,	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. 19 While of work [
OR ATTEN ined by the DIRECTOR: Id be detock prior to bur	21. I certify that I attended the deceased alive on 195  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)
TO HOSPITAL may be to the total to the registral	220. BURIAL, CREMATION, REMOVAL (Specify) burial 1/7/58
VS A15 (4) 15M 10/57	The S.H. Hines Co. 2901

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
		96	3	CERT	IFIC/	ATE OF DEATH	1	Si di	Reg.	Dist. No	009	45
	PLACE OF DEATH	Montgome	ry	MAR	YLAND	2. USUAL RESIDENCE (WI		d lived. If institution b. COUNTY	on: Resid	lence befo	re admissio	on)
	RURAL and give n	If outside corporate limit earest town) hesda	s, write	c. LENGTH OF STAY	' IN 16	c. CITY OR TOWN (IF C	outside corpo	USA TRANSPORT	URAL on	d give ne	orest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Suburban Hospital						8511 Lynbi	rook :	Drive			e. IS RESII ON A YES []	
	NAME OF DECEASED (Type or print)	Myrtl		Middle		crivens	4. DATE OF DEATH	Jan 6	lh	Do	y Y	58
5. :	female	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCE		B. DATE OF BIRTH 12/8/1875		9. AGE (In years lost birthdoy) 82 yrs.	Months		Hours Hours	Min.
	usual Occupation during most of wor housewi	king life, even if refired)	one 10b.	KIND OF BUSINESS (	OR INDUS	Tndiat  14. MOTHER'S MAIDEN 1	18	ountry)	12. (	CITIZEN C	U.S.	A.
	Charles					Mary I						
15. (Ye	i. no. or unknown)	R IN U. S. ARMED FOR( (If yes, give war or dates of se		SOCIAL SECURITY NO		SS Emilie S	Scriv	ens		ame		
	334 X Conditions, if of gove rise to it couse (a), stoling lying couse tost.	mmediate (		Jeggir	len	su <sub>n</sub>				m	gc.	years
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L CERTIF	20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)				
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	tY Month, Day, Yea	While	Not while of work	20e. PL/ foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.	n, 20f. (City	or town)		(County)		(Slole)
	21. I certify (the alive on	at I attended the	decease , 195	- 1				n the causes a reet, city or town,	nd an		te state	d above.
220	BURIAL, CREMATIC REMOVAL (Specify)	22b. DATE THEREO		22c. NAME OF CEM	ETERY O			TION (City, town, o			(Store	
23. T	FUNERAL DIRECTOR	s signature lines Co.	290	ADDRESS		24a. REC'	D BY REGIST					

LAND STATE DEPARTMENT OF DEATH AT

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VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

96 Rea Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MONTGOMERY O. STATE MARYT, AND b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN lif outside corporale limits, write RURAL CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) KENSTNGTON KENSTNGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE 11.223 EAST AVENUE 11.223 EAST AVENUE YES NO IN NAME OF Middle First DATE Month Day Year DECEASED 1958 MARY EMADEAN SHEPPERD JAN. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 5. SEX 9. AGE Iln venta IFTINDER TYPAR IF TINDER 24 HES less hirthday) Months Dovs Hours FEMALE WHITE WIDOWED [7] DIVORCED T JULY 7, 1919 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if relired) II.S.A. PORTLAND. OREGON OWN HOME HOMEMAKER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARTHUR RAY NELSON HELEN JOHNSON 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mr. Irving J. Shepperd. 11.223 East Ave. 533-12-1074 Kensington, Maryland eval between 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary edema due to acute hemorrhagic IMMEDIATE CAUSE (o) sudden DUE TO Conditions, if ony, which pancreatitis gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 12. WAS AUTOPSY CERTIFICATION PERFORMED? YES NOIL 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort 1 or Fort 11 of item 18.) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Slole) factory, street, office bldg., etc.) Hour p. m. While Not while p. m. of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy (7), Inspection (7). Inquiry (7) and in my apinian death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 1/24/58 **EXAMINER'S** FRANK J BROSCHART NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slole) FT. LINCOLN CREMATORY PRINCE COUNTY. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR SPRING. MD.

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FOR STATE **HEALTH DEPT** 

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please executed certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the finateral director. Page 4 shall be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be to have for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to beyfol, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

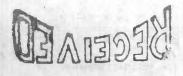
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	11)	01	14
Reg	bbj.	907	6

1. PLACE OF DEATH 0. COUNTY 60 "T						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	a	Montgomery MARYLAND					o. STATE Haure & b. COUNTY						
1	b		outside forparate limits, write	PURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
)		and give nearest fawn)	V P.		& ma		D	D					
1	d	. NAME OF HOSPITA	L OR INSTITUTION (I	not in hosp	itol, give street odd	ress)	d. STREET ADDRESS	nem	910	le. IS RE	SIDENCE		
)		7057	Pros. 00	Cur			P.O. Box	41.2.		ON A	FARM?		
	3. 1	NAME OF	Fire		Middle		Lost	4. DATE	Month				
		Type or print)	Fred	Det	- S. G.	1000	me ra	OF DEATH	Original Property of the Control of	Day Ye	58		
	5. S	EX	6. COLOR OR RACE	7. MARRIEL	NEVER MARR	IED B.	DATE OF BIRTH	9. AGE	THE YEARS IF UNDER				
		male	yellow	WIDOWED	DIVORCE	00/	10-23-19	17 4	(Months yrs.	Doys Hours	Min.		
	10o.	USUAL OCCUPATION	N Give kind of work of	lone 10b. KI	ND OF BUSINESS C	R INDUSTI	Y 11. BIRTHPLACE (Slole	or foreign country)	12. CI1	TIZEN OF WHAT	OUNTRY?		
	ľ	Stude					Haus			M.S.C.			
	13.	FATHER'S NAME	0.	-			14. MOTHER'S MAIDEN N	NAME		77.0.0			
		Mesabure	& Shen-	401/80			80. Stan	monney Cot					
			R IN U. S. ARMED FOI	CES? 16. S	OCIAL SECURITY N	O. 17. IN	FORMANT	alexace and a	Address				
	Yes,	no, sr unknown)	If yes, give war or dotar of	service) 56	8-40-8828	0	1.00	1. 1	80	1- 7			
		CAUSE OF DEATH	H [Enter only one cou	e per line fo	or (a) (b) and (c) ]	160	y sunano	a (wy)	Sauce as	INTERVAL BETWEE	N/		
		/	WAS CAUSED BY:	10						ONSET AND DEAT	Н		
		, , , li	MMEDIATE CAUSE (a)		ormany	oce	lusson			Im.			
		400.1	DUE TO		6								
		Conditions, if on gove rise to immedi							•				
		(a), stoling the vi											
		couse lost.	) (c).										
	20	PART II, OTHE	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PA	RT 1(0) 19. WAS A			
0	CATION									YES [	NO 🖸		
	CERTIFI	20g. EXTERNAL CAUS	SE WAS	b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter noture of injury in Port	I or Port II of item	18.)				
		CAUSE OF DEATH.	THISOTING L										
	3	20c. TIME OF INJURY	Month, Doy, Yea		JURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	20f. (Cily or fown	) (Cc	ounly)	(Slole)		
	MEDICAL	Hour o.m. p. m.	19	While at wor	k O ol work	Tacro	ry, street, office bldg., etc.	1					
			at I taak charge	of the re	emains describ	ed abay	e, held an Autaps	y , Inspecti	on XI. Inqui	ry 🛣, and	in my		
			esulted from: N			_			Undetermined	Property .			
		apinion death i	conted from: 1	varorar co	auses Mi, Mei	L		Tomicide	Onderennined	manner [			
		ACTUAL A	- 10.6	7	1. 2		CHIEF MEDICAL EX	AMINER (	100.0	DATE SI	GNED		
		SIGNATURE -	rua y	MAN	new		_M.D. CHIEF MEDICAL EX						
4		EXAMINER'S F	HAUK J	B	hoschz	4	DEPUTY MEDICAL I		1-26.	-5-8			
	220	BURIAL CREMATION	N. 226. DATE THEREO	F		4 -4	CREMATORY	22d LOCATION (G	ty, lown, or county)	(Siote)			
		BULL (Specify)	Jan. 29.	1958	alleyten,	Koty	ial Cemiling	allengt	u	Vira	inia		
	28.	UNERAL DIRECTOR'S	SIGNATURE	111	ADDRESS 11	21	1110		246, REGISTRAR'S SI	GNATURE			
	X	Clutur /	Valles, o	154 (	arrall Sil	no.	AC DATE J	AN 3 1 '58	Whea	uch			
	17			1									

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1	PLACE OF DEATH O. COUNTY  Mont.	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE District of Columbia
	b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	RURAL and give nearest town) Kensington		Washington 4-7x-3
X	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION ENSINGTON Gardens I	e street oddress) Nursing Home	d street address 6631 Western Avenue N W  e. Is residence on a farm? YES NO
	NAME OF First DECEASED (Type or print) JENNIE	GROVES S	Lost 4. DATE Month Doy Year OF DEATH 1-9-1958 19
ŀ	S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR lost birthday)  Months Days Hours Min.
L	Female White w	VIDOWED TO DIVORCED	Sept 17, 1873 84 yrs. Months Days Hours Min.
1	<ol> <li>USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)</li> </ol>	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
A.	At Home		Indian Head, Maryland USA
ľ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
ŀ	Samuel Groves 5. WAS DECEASED EVER IN U. S. ARMED FORCE:	SO IN SOCIAL SECURITY NO. 117	Mary Cox
	(Yes, no or unknown) (If yes, give wor or dates of service)	ice)	6631 Western Ave N
ŀ	18. CAUSE OF DEATH [Enter only one cause	1578-05-0012B	John B. Shipman Washington, DC
1	PART 1. DEATH WAS CAUSED BY:	e bet time tot (a), (b) and (c).]	ONSET AND DEATH
1	IMMEDIATE CAUSE (o)_	Janes W.	Gent Willer Low
ı	Canditians, if any, which )	C+ 1	l vn
I	gave rise to immediate	and Misc	Service Services
l	lying cause last.	Boult	1 -C1 82+ 19r.
		TIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 199 WAS AUTOPSY PERFORMED?  YES NO
	-	0b. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in Part 1 or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.	20d. INJURY OCCURRED While Not while at work at work 1	PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State factory, street, affice bidg., etc.)
	21. I certify that I attended the d	leceased from 1912	
1	alive ap 1 5	, 19, and that dea	
1	ACTUAL	00	ADDRESS (Street, city or lown, state)  DATE SIG
1	SIGNATURE	Mar	MO. Kerry as 1/7/5
	PHYSICIAN'S SAM	HLLEV	
1	Property of the state of the st	22c. NAME OF CEMETERY Congression	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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AND THE RESERVE AND ADDRESS OF THE PARTY OF

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SECENTED

		CERTIFICA	TIE OF DEATH	•	Reg. Dist.	No.
٥	county Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If inst b. COUI		pefore admission)
Ь	c. CITY OR TOWN (If outside Corporate limits, white RURAL and give nearest town)	2 days	c. CITY OR TOWN (IE.	utside corporate limits, wri	te RURAL and give	nearest town)
h	1. NAME OF HOSPITAL (If not in hospital, give street oddress or INSTITUTION Sanitariwn	y Hospita	d. STREET ADDRESS	ngfellow S	+. N. W	IS RESIDENCE     ON A FARM?     YES    NO
0	NAME OF PIECE ASED Type or print)  William	Middle 5	1'590/d	OF DEATH	Month  an /	Day Year 8 1958
5. SI	Male 6. COLOR OR RACE 7. MARRIED []	NEVER MARRIED   8	B. Date of Birth DCC, 25, 18	9. AGE (In yellast birthdo	ors IF UNDER 1 YI Dayrs. Months Da	EAR IF UNDER 24 HRS. 1ys Hours Min.
100.	USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)  Bakey!  Bakey!	of Business or Indus tery	TRY 11. BIRTHPLACE (Stote	or foreign country)	No.	S, Americ
E	Benny Sisgold		5haron	Cunkno	wn)	
15. \  Yes.	WAS DECEASED EVER IN U. S. (RMED FORCES2 16 SOCIA no. or unknown)	L SECURITY NO. 17. IN	espital	Records	Address	
	18. CAUSE OF DEATH (Enter only one couse por line for PART I. DEATH WAS CAUSED BY:	(0). (b) and (c).]	accomp	Live	3	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	Jearcin	To Ke	ctum		ign.
_	lying couse lost.	minal	cacherin			2 who
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR					19. WAS AUTOPSY PERFORMED? YES NO
OK	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE ( OR CONTRIBUTING   CAUSE OF DEATH ( (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	). (Enter noture of injury in f	ort t or Port II of item 18.		
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour P. 19 20d. INJURY While of work 2	Not while foot	CE OF INJURY (Home, form lary, street, office bldg., etc.	20f. (City or town)	(Cour	nty) (Stote)
1 1	21. I certify that I attended the deceased for alive on 1944	7/ / /	01110	AM, fram the cause		t saw the decease
1	ACTUAL TRANSMITTER SIGNATURE	skêm		ADDRESS (Street, city or to		DATE SIGNE
14	PHYSICIAN'S KENNETH LA	UGHIIN	Shi	luer of	men	ned.
	BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Specify) J 217.19,1958 N	NAME OF CEMETERY OR 1+, Lebano	crematory on Cem.	HYAHSU	1/2 1/2	(State)
23. F		ADDRESS .	7 11 24a. REC'I	BY REGISTRAR 24b. R	EGISTRAR'S SIGNA	TURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with may be aetained by the haspital or attending physician.

I DIRECTOR: After this certificate has been signed by the attending physician and campletely page Schoold be detached for use as the burial-transit permit. Then please remove sarbon papers. Pathe registrar prior to burial, cremation, or removal, and in any event within 72 haufs after death. TO HOSPITAL OR TO FUE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BASTIN

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VS A15 (4) 15M 9/55

10a. USUAL OCCUPATIO

Patrick S 15. WAS DECEASED EVE No

Hour o. m

p. m.

13. FATHER'S NAME

S. SEX Male

MARYLAND STATE DEPART	TMENT OF HEALTH—BALTIMORE, 18	
966 CERTIFIC	ICATE OF DEATH Reg. Dist. NJ. (1) 9	51
PLACE OF DEATH  o. COUNTY  MONTGOMERY  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Retidence before admit on the country with the cou	ery
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RURAL and give nearest town)  Chevy Chase	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow  Chevy Chase	m)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 626 Colston Drive	2626 Colston Drive	SIDENCE A FARM? NO X
NAME OF DECEASED (Type or print) WILLIAM (nmi) SLINEY	Lost OF DEATH January 1, 1958 Doy	Yeor 19
SEX ale   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	lost birthday) Menths Days Hours	
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired- Railroad	INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHA  US	T COUNTRY?
Patrick Sliney	14. MOTHER'S MAIDEN NAME  Margaret Murry	
	17. INFORMANT Howard Bernstein-Item# 2	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	votic Heart Disease Interval & ONSET AND	
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.  DUE TO  DUE TO  Conditions, if any, which gave rise to immediate couse (b).  DUE TO  (c)	lersis, General 10	ynt:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		AUTOPSY ORMED?
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Port I or Port II of item 18.)	

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 1. 19.5 8 that I last saw the deceased 21. I certify that I attended the deceased from

and that death accurred at 1:30 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL

Leo M. Curtis PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Bur REMOVAL (Specify) 1/1/57 Columbus, Ohio St. Josephs

23. FUNERAL DIRECTOR'S SIGNATURE RObert A. Pumphrey-Bethesda, Md.

24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

(State)

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	G. C.	#15 T			
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	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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) (	CERTIFICATE	OF DEATH

00952 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDEN o. STATE Mary		d lived. If institution b. COUNTY	on: Residence before Montgo		
b. CITY OR TOWN (If autside corporate limits, write BRURAL and give nearest town)	TH OF STAY IN 16	E. CITY OR TOW		orote limits, write R	URAL ond give ne	earest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7006 Exeter Road		d. STREET ADDI	xeter Ro	ad		e. IS RESI ON A YES	
3. NAME OF DECEASED (Type or print) MRS Ed MA	Middle .	Smit	4. DATE OF DEATH	JA N	3	<u>i</u> 1	ear 958
S. SEX   6. COLOR OR RACE   7. MARRIED   NI   Female   White   WIDOWED		B. DATE OF BIRTH 4/12/85		9. AGE (In years last birthdoy) 72 yrs.	Menths 10975	Hours	R 24 HRS. Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own H		Virgi	nia	country)	USA	OF WHAT	COUNTRY?
13. FATHER'S NAME Thomas Jefferson Adams		Mary J	ane Jone	es			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI (Yas, no, or unknown) (If yes, give war or dates of service)		NFORMANT USSELL A.		Add	ress		
18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  4.20./ DUE TO  Conditions, if any, which gove rise to immediate coese (a), stating the under- lying couse last.  (c)	(b), and (c).]	dial i	nford toles	Case		TERVAL BET ISET AND	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU					/EN IN PART 1(a)	19. WAS A PERFOI YES	RMEDS
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	W INJURY OCCURRE	D. (Enter nature of in	jury in Port I ar Pa	rt II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While Not of wark of w	while for	ACE OF INJURY (Hon ctory, street, office bli		y or tawn)	(Caunty	)	(Stote)
ACTUAL SIGNATURE  PHYSICIAN'S HERBERT MI	and that death	n occurred ot S	ADDRESS (	the couses of street, city or town,	store) Thisda Nd	ate state	d obove. TE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF 22. NA BUR-Transit 1/31/58 Sun	ME OF CEMETERY O	R CREMATORY		stiansbu		inia	)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethes	da, Maryl	and	a. REC'D BY REGIS	TRAR 246 REGI	STRAR'S SIGNATION	URE	

TO FUI VS A15 (4) 15M 9/SS

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	7000 Exclet Road		Decitors and District
31 4	/12/63 72		remnts [Walls]
	angur.	Own Home	nousewife
	Mary Janes	BirnebA	nostelle ( en mon)
	esoll . Tournellens et	Males Andrews	
BUREAU V. S.			California Presid Afficiana II. 75
LEB 8 1800	1		
TE CEUN EL	a series	B Sunset	Sevel make year
77/1/1900	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ey- sethusda, Marylo	Collect . Pumpar

death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
968 CERTIFICATE OF DEATH  Reg. Dist. No. (11) 954
PLACE OF DEATH  o. COUNTY  ON TAKE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  o. STATE  MARYLAND  O. STATE  MARYLAND  O. COUNTY  MARYLAND  MARYLAND  O. COUNTY  MARYLAND  MARYLAND  O. COUNTY  MARYLAND  MARYLAND  O. COUNTY  MARYLAND  MARYLA
b. CITY OR TOWN (If outside exporate limits, write RURAL and give negrest town)  RURAL and give negrest town)  INCOLN AUE. Roch wille.
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  OR INSTITUTION  O. IS RESIDENCE ON A FARM?  YES NO D
NAME OF DECEASED (Type or print) Lawrence Smith  A. DATE OF DOOR Month Day Year OF DEATH  A. DATE OF DEATH  Death  19.58
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yoors lost birthday)   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   M
12. CITIZEN OF WHAT COUNTRY?  A Ni TOR  10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  Maryland  13. CITIZEN OF WHAT COUNTRY?
Samuel Smith Margaret Cooper
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (II) yes, give wor or doller of service) 2190565766 ralld - daughter Linealn tor. Rodeil
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONONANY OCCUSON  ONSET AND DEATH  Day
Conditions, if ony, which) (b) AV fariosilerosis
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  VES NO DESCRIBE HOW INJURY/OCCURRED/ (Enter nature of injury in Port 1 or Port 11 of item 18.)  (If EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  While Not while of work of twork of twork of twork of two work of tw
21. I certify that I attended the deceased from Manch, 1957, to Jan. 21, 1958, that I lost sow the deceased alive on Jan. 20, 1958, and that death occurred of 455 M, from the causes and on the date stated above.
ACTUAL SIGNATURE Color Cacker M.D. RDI Gaithersburg, Md. 1-22-58
PHYSICIAN'S NAME (Type)
20. BURIAL, CREMATION, P2b. DATE THEREOF Pleasant View., 22d. LOCATION (City. town, or county) (Stole)  REMOVAL (Specify) Quince Orchard, Md.
DATE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE AND ATTEMPT AND

	CERTIFICATE OF DEATH
	The same of the sa
BUREAU Y. E.	
8381 AC NV.	
ME GENAED	TO CONTROL OF THE PROPERTY OF

VS A15 (4) 15M 9/55 I

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

969 CERTIFICATE OF DEATH

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OR INSTITUTION The Clinical Center, Bethesda 14, Md. 3217 Connecticut Avenue, N. W.  3. NAME OF COLOR OF First Middle (none) South OF DEATH January 20  5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED April 27, 1881 9. ACE (In years lift under 1 year) 15. SEX White Widowed Divorced April 27, 1881 9. ACE (In years lift under 1 year) 16. South Office is birthdoy) 76 yrs. Months Doys 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) None Pennsylvania 12. CITIZEN OI Homemaker  13. FATHER'S NAME Charles S. Turnbull Elizabeth Claxton  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give wor or dofter of service) None The Clinical Center, Bethesda 14, Mar  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out to immediate to immediate DUE to sout	
BURAL and give necrest town)  Bethesda  32 days  Washington  47 \$  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 14, Md.  3217 Connecticut Avenue, N. W.  3. NAME OF Clinical Center, Bethesda 14, Md.  Botcases  (Iype or print)  Elizabeth  Conne)  South  B. DATE OF BIRTH  January  20  5. SEX  6. COLOR OR RACE  White  WIDOWED  DIVORCED  DIVORCED  HOW WIDOWED  HOW WIDOWED  DIVORCED  HOW WIDOWED  HOW HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW HOW WIDOWED  HOW WIDOWED  HOW HOW WIDOWED  HOW WIDOWED  HOW HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW WIDOWED  HOW HOW WIDOWED  HOW HOW HOW HOW HOW HOW HOW HOW HOW HOW	e admission)
Bethesda   32 days   Washington   47   47   47   47   47   47   47   4	rest town)
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lying couse lost. (c) theroscleroses 5.	yes, orm
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19	WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m.  P. m.  19  20d. INJURY OCCURRED While Not while of work of wo	(Stole)
21. I certify that I attended the deceosed from December 19, 1957, to January 20, 1958, that I lost so	u the deserve
olive on January 20, , 19 58 , and that death occurred of 2:51 PM, from the couses and on the date	
	e stoted above
ACTUAL ADDRESS (Street, city or town, stote)	1/21/5
signature / Capual Mulium M.D. The Clinical Center	
PHYSICIAN'S N. Rapbael Shulman, M. D. National Institutes of Healt Rethesda 14, Maryland	h 
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county)  PRINGIAL (Specify) 22d. LOCATION (City. town, or county)  Ft. My 2	(State)
23. FUNERAL DIRECTOR'S SIGNATURE CO ADDRESS 1400 CHOPIN STANDERS 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE LEGISTRAR 3 158	

BUREAU V. E.			



1		LACE OF DEATH	gomery		MARYLAND	o. STATE	ence (whe	re deceased	l lived. If institution b. COUNTY		A F	e admissi	ian)
(c)			outside corporate limits		of stay in 16.45 min.		own (If ou		rate limits, write R	URAL and		rest tawn	) /
51		OR INSTITUTION	Hospital,		Maryland	d. STREET AD	DRESS Fair	fax F	Raod				DENCE FARM? NO 1
3 %	- (	NAME OF DECEASED Type or print)	First Deboral		Middle Lynn	Lost SOWE	CLL	4. DATE OF DEATH	Janu		Doy 2]		reor 19 58
	_	emale		WIDOWED 🗌	DIVORCED 🗌	8. date of Birth 19 Januar		8	9. AGE (In years lost birthdoy) yrs.	IF UNDER Months	Days	Hours	R 24 HRS. Min.
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	†Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCE If yes, give wor or dates of ser None	vicel 16. SOCIAL SEC		MFORMANT Father) R	lichar	d D.	Sowell (	Same	As #	(2)	
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2	CATION	PART II. OTH	) (c) ER SIGNIFICANT COND	ITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASI	E CONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED?
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34	MEDICAL	Haur o.m. p. m.	Y Month, Day, Year 19	While Not wi	hile fa	ACE OF INJURY (He stary, street, affice	bldg., etc.)			11300	County)		(Stote)
		21. I certify the alive on 21	ot I offended the	deceased from , 19_58, a	20 Janua:	occurred at 5	:45A.	M, fron	the causes of reet, city or town,	and on th	last sa he dot	e stote	deceased
		ACTUAL /	Voran 914	han .		M.D. U.S.			ital, Be		a, N		1-21-5
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1	220	PHYSICIAN'S NAME (Type) A	dam G. Thor			.U.S.	Naval	Hosp	ital, Be	thesd			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

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	s Southwest County of Cities		
BUREAU V. E.			

MARKE NO STATE DEPARTMENT OF HEALTH SETTINGER

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**ADDRESS** 

Bethesda

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24a, REC'D BY REGISTRAR

DATE JAN 2 8 '58

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24b. REGISTRAR'S SIGNATURE

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REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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CERTIFICATE OF DEATH.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 973

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Silver S	oring		LENGTH OF STA	Y IN 1b	c. CITY	Wash 1			RURAL ond	give near	3	1
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi	ve street od	dress)			ET ADDRESS	-			-0	ON A F	ENCE ARM?
Fairland	Nursing F	ome			2000	Quebec	St.	N.W.Ar	ot 12	18	YES   1	40 D
3. NAME OF DECEASED (Type or print)	Eva		Midd E		Tall	lost	4. DATE OF DEATH	Januar		Day ;19	958 <sub>19</sub>	
female	6. COLOR OR RACE	7. MARRIE			7/16/	1883		9. AGE (In years last birthday) 711 yrs	Months		F UNDER Hours	24 HRS. Min.
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13. FATHER'S NAME Rubin Le	ooms				14. MOTH	ER'S MAIDEN NA						
	ER IN U. S. ARMED FOR		CIAL SECURITY N	10. 17. 11	NFORMANT	Uni	known	Add	dress			
(Yes, no. or unknown)	(If yes, give war or dates of se	rvice)		Mr	s.Mar	ion L.	Per	itz	dau	ghte	r	
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CATI									VEIN IIN FAR		PERFORM YES   1	VED5
	G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCURRED	). (Enter natu	re of injury in Po	ort I or Part	II of item 18.)				
20c. TIME OF INJU Hour o. m. P. m.	RY Month, Day, Yea	While of work [	Not while of work	20e. PLA foc	ACE OF INJU	RY (Home, farm, office bldg., etc.)	20f. (City	ar lown)	(1	County)		(Stote)
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REMOVAL (Specify	1/29/58		Batavi	a Ce	meter	у	Bat	tavia,	New	York		
The S.H.	Hines Co.	,290	ADDRESS 1 14th			DATE		AR 24b. REG	ISTRAR'S SI	GNATURE		

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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In by the funeral directar, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may retained by the hospital ar attending physician.

D FU AL DIRECTOR: After this certificate has been signed by the attending physician and completely facage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 14 the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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. PLACE OF DEATH o. COUNTY Mont	gomery		MARYLAND	o. STATE	orida	ere deceased	lived. If institution b. COUNTY		ince befo	re odmiss	ion)
b. CITY OR TOWN (I	f autside corporate limi	ts, write	c. LENGTH OF STAY IN 15	1	A	utside corpor	ate limits, write f	URAL and	give nec	rest town	1) ./
Bethesda	(Rural)		13 days	Gm	oonaott	e Spri	ngg	118	WIL	9	V
d. NAME OF HOSPIT	AL (If not in haspital, g	ive street		d. STREET		a phr	TIE2			e. IS RES	IDENCE
U.S. Nava	Hospital.	NNMC.	Bethesda Md.	177	, 11 <u>Z</u> 11	Street	Orion I	84			NO.
NAME OF DECEASED	Fir		Middle	Lo	t	4. DATE	Mor		Do		Year
(Type ar print)	Suelle	n	(n)	THONET		OF DEATH	Janu	ary	27	1	1958
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	ГН		9. AGE (In years lost birthday)	Months	-		R 24 HRS.
Female	White	WIDOWE	D DIVORCED	8 Febru	ary 19	957	yrs.	11	Days	Hours	Min.
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3. FATHER'S NAME				14. MOTHER'S	S MAIDEN N	IAME					
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S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	c nua.	CITE 103	Add	ress			
3.7	(if yes, give wor or dates of so	ervice]	None (H	ather) T	HONET	Donna	77 0	1500	ne as	421	
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OR CONTRIBUTING	☐ CAUSE OF DEATH	200. DE30	WIRE HOAA INJOK! OCCOKK	ED. (Enler notore (	ar injury in r	OH I OF TOH	ii or neiii ib.,				
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olive on 27	January	10	ond that deat		_						
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ACTUAL	1 000	17.	1/2 /1/1	TT O				7	167	1-27-	-58
SIGNATURE	me	12,	· V · Jane	M.D. U.S.	Naval	Hospi	tal, Beth	esda	I'd a		
PHYSICIAN'S	, , , , , , , , , , , , , , , , , , ,	T *	T. D. 1401 13031			**			3/12		
NAME (Type)	enneth W. S	وبليلظ	LT,MC,USN	U.S.	Nevel	Hospi	tal, Bet	hesda	a Md.		
20. BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	e)
	1-30-58		Private Cen	netery		Gain	sville	F	lorio	la	
Burial											
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATUR	E	
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# VARYCAND STATE DEPARTMENT OF HEALTHER D. S. CERTIFICATE OF DEATH

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## FOR STATE HEALTH DEPT.

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S.	A	15!	1 TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the		-
51	W 2	2/5	7		ľ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	U
1 976	Reg. Dist. No.

00963

- 12		
ı	1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	o. COUNTY MINITA MARYLAND	o. STATE b. COUNTY
ŀ		Mill Monly
	b. CITY OR TOWN (Ill outside corporate limits, write RUTAL c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give fearest town)
	13 + 1 10.	V But
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	1 Milmortele
1	d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
L		YES NO
ı	3. NAME OF A First Middle	Lost 4. DATE Month Day Year
1	DECEASED	OF A
	(Type or print) Sally L. Fest	DEATH 3 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
Л	The widowed I DIVORCED IT	2 12 OC Months Days Hours Min.
/}	7-0-0	2-12-83 17/2/11.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	housework Hame	med ans. C
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	D. D.	14. MOTHER'S MAIDEN NAME
L	Deny Kobey	Maniau 1) unton.
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address A
1	(Yes, na, or unknown) (If yes, give war or dates of service)	5605 Chen Etean Pkyo.
	no! Hay	el Kennely - Cherry Spring md
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:	
1	IMMEDIATE CAUSE (o)	Berdeline
1	DUE TO	
ı	(Conditions, if ony, which) (b) 12 224 & 324	Ledge fourier another
H	gove rise to immediate couse	
ı	(0), storing the underlying DUE TO 90% forder, hear	d/xectrinit-
1	couse lost. (c) /0/8 (	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
7	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. [En CAUSE OF DEATH BUTING	le tronge Trash PERFORMED?
	206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, IED	
1	PRIMARY DIG CONTRIBUTING	ster notice of injury in Port 1 or Port II of Item 18.)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Foctor While Not while foctor of work of work	E OF INJURY (Home, form, 120f. (City or town) (County) (State)
1	Hour erm. While Not while factor	ry, street, office bldg., etc.)
1	2 p. m. //3/ 1955 of work of work	home aurionarile Monty mil
1	21. I certify that I toak charge af the remains described obov	e, held on Autopsy , Inspection , Inquiry , and in my
1	opinion death resulted from: Natural causes . Accident [7	
1	opinion deom resulted from: Notorol couses [], Accident [A	, Suicide , Homicide , Undetermined manner
1	4 R	
1	SIGNATURE South & Journ hant	CHIEF MEDICAL EXAMINER
1	THE THE PARTY OF T	ASSISTANT MEDICAL EXAMINER
1	EXAMINER'S FLANK J. Brusch 2 n7	DEPUTY MEDICAL EXAMINER 1-31-58
1	220. BURIAL, CREMATION. 226. DAJE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stole)
	PREMOVAL (Specify)	(Stole)
	Della Ville 3 1958 Opean Cl	meleny Durkannile Md
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	WI MITT MINING LE	EEB 6 '58 Page 7 F
	and the three season will	

MARY AND STATE DEPARTMENT OF HEALTH -BALTH NOBE IN ASSOCIATE OF DEATH

BUREAU V. S.

FEB 6 1958

DECENTED

in by the funeral director, and 2 should be filed with

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00964

**CERTIFICATE OF DEATH** 

Reg.	Dist.	No	27	5

											A
1, PLACE OF DEATH o. COUNTY Mon-	tgomery		MARYLAND		USUAL RESIDENCE (WHO STATE Penns		b. COUNTY	on: Reside	ence befo	are admis	sion)
b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 16				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest town)  Bethesda (Rural)  110 days				Wilkes-Barre 7.5X-3							
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS  e. IS RESIDENCE ON A FARM						
	Hospital.	Bethe	esda, Md.		754 Le	ehigh	Street				NO 🔯
3. NAME OF DECEASED	Fil		Middle		Last	4. DATE	Man	th	D	ру	Year
(Type ar print)	Vic	tor	John		TUNILA	DEATH	Janua	ry	4		1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years last birthday)		-		ER 24 HRS.
Male	White	WIDOW	ED DIVORCED	5	September :	1935	22 yrs.	Months	Days	Haurs	Min.
100. USUAL OCCUPATIO	ON (Give kind af wark king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State	ar foreign c	auntry)	12. C	ITIZEN C	OF WHAT	COUNTR
Mariner	ang me, even a remed	U	.S. Marine Corp	)5	Pennsylv	vania			U.S.		
13. FATHER'S NAME				14	MOTHER'S MAIDEN N	MAME					
John TUNIL	A			1	Tiola (Last	Name	Unknown)				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFO	RMANT		Adde	ress		4	
Yes 1-28-5	3 to 1-4-58	1	88 28 4132	Ofi	cicial Navy	Recor	ds				
2043 Conditions, if a gave rise to it cause (a), stating lying cause lost.	mmediate DUE TO	)	ine ogs	p			laus			3 m	
САТІС			CONTRIBUTING TO DEATH BU					'EN IN PA	(RT 1(a)	PERFC	AUTOPSY DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature af injury in l	Part I or Par	t II af item 18.)				
Hour o.m. p.m.	RY Month, Day, Ye	While at war	k at wark	actory.	OF INJURY (Hame, farm street, office bldg., etc.	-)	or tawn)		(Caunty		(Stote)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify Burn's all	S. DUNN, JR	. LT	MC, USN  22c. NAME OF CEMETERY OF HOLY Trinity	M.D. OR CR	U.S. Naval U.S. Naval EMATORY netery	Hospi Hospi 22d. Loca Bean	n the couses of treet, city or town, ital, Bet ital, Bet ital, Bet ital, City, town, of Creek,	hesd hesd	the do	id . 1	ed abov ATE SIGNI -6-58
23. FUNERAL DIRECTOR	SSIGNATURE	edel	ADDRESSWashing					STRAR'S S	GNATL	IRE	
	uneral Home	. 14	00 Chapin Stre	eet	.N.W. DATE 1	-6-58	158 00	26.	Dies	h	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be estained by the hospital or attending physician.

O FU.

I DIRECTOR: After this certificate has been signed by the ottending physician and completely fill page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FU VS A15 (4) 15M 9/55

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	n by the funeral dir	nd 2 shauld be filed		(	50
and recoiled by the hospital of differential provincial.	TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely figure in by the funeral dir	page Should be detached far use as the burial-transit permit. Then please remave carbon papers. Page	the registrar priar to burial, crematian, ar removal, and in any event within 72 houry after death.		

L		9	10	CERTIFIC	AIE OF DEATH	1		Reg. Dis	t. No.	
1.	PLACE OF DEATH O. COUNTY Montgomery	7		MARYLAND	2. USUAL RESIDENCE (WI District of	columb	- A COHNITY	oni Residenc	e before ad	mission)
Г	b. CITY OR TOWN (I RURAL and give ne	f outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and gi	ive nearest	lown)
L	Bethesda			7 days	Washington	28	16	X-2.		
	d. NAME OF HOSPIT	AL (If not in hospital, s	give street	oddress)	d. STREET ADDRESS					RESIDENCE N A FARM?
	The Clinic	eal Center,	Betl	nesda 14, Md.	5513 Parkla	nd Cou	rt, S. E	•		NO
3.	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Mon	th	Day	Year
L	(Type or print)	Georg		Mylan	Ugrinie	DEATH	January		20,	1958
5.	SEX	1		RIED NEVER MARRIED	8. DATE OF BIRTH	_	9. AGE (In years last birthday)	-	YEAR IF U	NDER 24 HRS
_	Male	White	WIDOWI		April 4, 19		39 yrs.			
10	during most of work	ON (Give kind of work king life, even if retired	)   _	KIND OF BUSINESS OR INDU			ountry)		-	HAT COUNTE
12	Geologist FATHER'S NAME		Ge	eology (Governm	ent) Pennsylv			U.	S. A.	
13					14. MOTHER'S MAIDEN N					
15	Alex Ugrir	11C R IN U. S. ARMED FOR	cesa lu	COCIAL CECURITY NO. 112	Mary Capet					
IY	no, or unknown)	(It yes, give war ar dates of s	ervice)		informantThe Med				36 7	,
H	Yes	WW II			he Clinical Co	enter,	Betnesa	а 14,		
		TH WAS CAUSED BY:	ouse per lu	ne for (o), (b), and (c).]	10000	. +				ND DEATH
	193.0	IMMEDIATE CAUSE (o		Kespera.	roug Gre	rest_			70	) Mili
	Conditions, if or	DUE TO	1-	Princes of	and I I.	.1.0	0.101	11	1	eg.
	gove rise to it	mmediote (	. ,	rum Jum	or Lin	ental	LOVE CO	r.Clemen	6	gr
	lying couse lost.	the under-								0
CATION	PART II. OTH			CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
CERTIFIC	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. It While of work	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	(Ce	ounty)	(State)
	21. I certify th	at I attended the	decease	ed from January	13 , 19 58 , to J	anuary	20 1958	.that I la	ast saw t	he deceas
	alive on Janu	00			occurred at 9:16					
	LOS PROE	17,	14	6			reet, city or town,			DATE SIGN
	ACTUAL SIGNATURE	5 over1	a	adgan	M.D. The Clini	cal Ce	nter		]	1/21/58
	PHYSICIAN'S	Debent F	Tra mar	- W D	The Nation	nal In	stitutes	of He	ealth	
	NAME (Type)	Robert E.	тaga	r, M. D.	Bethesda	Ili, Ma	ryland			
22	REMOVAL (SPECIFY)	1-23-19		Arlington	or crematory National	Ft.	Myer,	Va	(:	Stote)
23	FUNERAL DIRECTOR	SSIGNATURE	ingl	ADDRESS 131 1	1th S E 240. REC'I	D BY REGIST	RAR 245. REGIS	TRAR'S SIGI	NATURE	
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		1/21/New Calley		
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hoars ofter death. If any delay is necessary, please executed to certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fuveral director. Page 4 sh per loweraded to the Chief Redical Examiner's Office along with form PMS. Page 5 may be "ined for your files.

TO FUNCKAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the fall Board of Health, or its designated agent, prior to buriol, comparing any event within 72 hours after death.

VS. ATSME

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

i	PLACE OF DEATH			O. STATE	ESIDENCE (Wh	nere deceased li	ved. If institution	on: Residen	ce before ac	imission)
-	b. CITY OR TOWN (IF o	Montgomery putside corporate limits, write RURAL	c. LENGTH OF STAY IN	40	Maryl	and		Mon	tgome	ery
	Glen Ech			X						
-			hospital, give street address)	d. STREET	Glen	rcno			e. IS	RESIDENCE
	6623 Kam	mork Road		66	23 Ka	mmork	Road			NA FARM?
- 3	NAME OF	THARINÉ"	Middle			DATE "	Month		Day	Yeor
	(Type or print)	XXXXXXXXX	A	UMSTO		DEATH	Jan	3	0	1958
1	S. SEX		ARRIED NEVER MARRIED		1000	lo	birthday)		YEAR IF UI	Min.
-	Female	***************************************	DIVORCED DIV	Nov. 9,		,	Z yrs.			AT COUNTRY
1	during most of working Housewife	life, even if retired)	Own Home			and, Ma				II COUNTRY.
	13. FATHER'S NAME				S MAIDEN NA	_			JUA.	
	Benno	Knoll		Ma	ry Me	yer				
	15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	. INFORMANT			Address			
	NO			Mrs Wn	n. N.	Ruby-I	em# 2			
1		H [Enter only one cause per H WAS CAUSED BY:							INTERVAL BET	
	1	MMEDIATE CAUSE (0)	Coronary	occlusi	on				sudo	ien
	420./	DUE TO								
	Gonditions, if an gave rise to immedi	ale cause								
	(a), slating the vi	nderlying DUE TO						2113		
	PART II. OTHE		S CONTRIBUTING TO DEATH B	T NOT RELATED T	O THE TERMIN	IAL DISEASE CO	NDITION GIVE	N IN PART	1(o) 19. WA	S AUTOPSY
2	5								YES [	FORMED?
	PART II. OTHE	SE WAS TRIBUTING [] 20b. DES	CRIBE HOW INJURY OCCURRE	), (Enter nature of	injury in Port I	or Part II of its	em 18.)			
		Y Month, Day, Year	od. INJURY OCCURRED 20e.	PLACE OF INJURY	(Home, form,	20f. (City or to	own)	(Caun	ty)	(State)
	20c. TIME OF INJURY		While Not while	factory, street, offi	ce bldg., etc.)		AL ST		*	(
	21. I certify the	at I taak charge of t	he remains described a	bove, held a	n Autapsy	, Inspe	ction X,	Inquiry	Пж	and in my
1	opinion death r	esulted from: Notur	al causes 🔀. Acciden	t [], Suici	de 🔲, H	omicide 🗌	, Undeterr	nined m	anner [	]
1									DAY	E SIGNED
_	SIGNATURE T	mus >- 15	montant	M.D. CHIEF	MEDICAL EXA	MINER			DAI	SIGNED
d	EXAMINER'S	- 0				L EXAMINER	1.	-31.	0	1
	NAME (Type)		roschatt		Y MEDICAL EX					
1	22a. BURIAL, CREMATION THEREMOVAL (Specify)	2/1/58	Hill Crest	OK CREMATORY		Cumbe				tale)
B	TE TENERAL BIRECTOR'S		ADDRESS		24g. REC'D	BY REGISTRAR	rland,			
			Bethesda, Mar	land	DATED		0.1	-	1	
-					N S E D		0000			

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VS A15 (4) 1SM 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

	9	020	CERTIFIC	ATE O	F DEAT	H		Reg. D	ist. No	. 00	1301
1. PLACE OF DEATH 6. COUNTY	Montgome	ery	MARYLAND	2. USUAL a. STAT	RESIDENCE (W		d lived. If instituti b. COUNTY		nce before		sian)
b. CITY OR TOWN RURAL and give	(If autside carporote limi	its, write	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (IF	outside corpo	orate limits, write R	URAL ond	give ne	arest taw	n)
	Bethesda		7 years		thesda						
d. NAME OF HOSP OR INSTITUTION	Suburbar			11//	Jesup I	ane					SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Felix		Middle Francis	Va	lost	4. DATE OF DEATH	Janua		14	4	Yeor 19 58
5. SEX		-	DE NEVER MARRIED	B. DATE OF		-		- 0			ER 24 HRS.
Male	White	WIDOWED		May 2	0 1916		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of wark orking life, even if retired	dane 10b. K	IND OF BUSINESS OR INDU	JSTRY 11. BIR	THPLACE (Stote	ar fareign c	country)				COUNTRY
Executiv	•	R	.E. Darling Co		Illino	Ls			U.S.	A.	
13. FATHER'S NAME	We did to lea				IER'S MAIDEN	NAME					
- 6	Vaitek				melia				00	100	1 m
15. WAS DECEASED EV (Yes, no or unknown) Yes	YER IN U. S. ARMED FOR	16. service) 77		informant Osetta		aun		ethe			up La d.
18. CAUSE OF DE	ATH [Enter only one co	per line	for (o), (b), and (c).]		^ 1					ERVAL BE	
PART 1. DE	ATH WAS CAUSED BY:	PLA	human	76	بطسيد	oly	-			700	45
460 X	DUE TO	A O		11	_	1 -	TC.	0		11	
Canditions, if	immediate (	A	cude la	1004	ma	NEG	rl ta	سلاب	9	G V	raz
lying cause last	. (0	)									
3 Esopa	- lasha	PON	DATRIBUTING TO DEATH BU	T NOT RELATE	- 4/e	TINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY DRMED?
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter not	ure of injury in	Part I or Por	rt II of item 18.)				
20c. TIME OF INJU	10	ar 20d. INJ While at wark	Nat while fo	LACE OF INJU	JRY (Home, for office bldg., et	m, 20f. (City	y or town)		(County)		(State)
21. I certify	hat I attended the	decease	d from Des	5 , 19.	\$7,10	Jan	14 , 1958	that I	last se	aw the	deceased
alive on	1-14	, 12.5	2 , and that deat	h accurred	101/035	PM, frai	m the causes o	and an	the do	te stat	ed abave
ACTUAL )	Q1. 4	2 12			2	ADDRESS (S	street, city or town,	stote)	/\	D	ATE SIGNED
SIGNATURE	11 ager	1,197	munc	_M.D]	2518	WIS	<u>s</u> Consi	10-1	40	2	
PHYSICIAN'S NAME (Type)	Robert	- G.	Brewer		Bett	been	a 14,	Md			
220. BURIAL, CREMATI			22c. NAME OF CEMETERY			1 4	TION (City, tawn,	80.0		(Stat	
23. FUNERAL DIRECTO		1958	Arlington I	vat'I	Cem.	ATT	ington,			inia	d
ROBERT A	TO TTO AND TIME OF	Y B	ethesda, Mo	i.				I ROK 3 3	-		
					DATE	N16'5		edu	Uh.		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death. HOSPITAL 15M 9/55 00968

e. IS RESIDENCE ON A FARM?

Hours

Day

YES INO I

PERFORMED? YES NO TH

(Stote)

(Stole)

Year

DECENED

ETE: IS NAI

BUREAU V. S.

. DAL . BONGHOSU

CURTIFICATE OF DEATH

	MARY	LAND R1	STATE DEPA		ATE OF D			TIMORE,		ist. No.	00	969
1. PLACE OF DEATH o. COUNTY	Montgomery		MAR	YLAND	o. STATE	DENCE (Wharyla	1000	d lived. If institu b. COUNT	Υ	nce before		-
b. CITY OR TOWN RURAL ond give Bethesda		its, write	10 hrs.5			own (If o		rate limits, write				-
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, on Suburban F	0.230			d. STREET AI 3714 -		t Aver	ıue				IDENCE FARM? NO:
3. NAME OF DECEASED (Type or print)	Fii Johr		Middle Berns		Lost	oner	4. DATE OF DEATH	Janua	inth	Day		feor 9 58
5. SEX			HED -NEVER MARR	IED 🔲	B. DATE OF BIRTH	1	878	9. AGE (In year) lost birthday) 79 yrs	IF UNDE Manths	R 1 YEAR		
100. USUAL OCCUPA during most of w Salesman	TION (Give kind of work forking life, even if refired VITGINIA	done 10b.	erRetired	OR INDU			or foreign co		12. CI	TIZEN OF	WHAT	COUNTRY
John The	omas Wagon	er			14. MOTHER'S Bert							
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO		ohn B. Is	agonei	r. Jr.	7020 Ad		Driv	re	
	DEATH [Enter only one content was caused by:	0	ne for (o), (b), and (c)	3]	nary	Th	De Aren	bosi	9	INTE	RVAL BE	TWEEN DEATH
420 Conditions, if	. DUE TO		4.454.6		1-1	201.	•					
gave rise to cause (o), statin	immediate DUE IC	to de	ucen	my	a 1	Un	na	l				
_	OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 19	PERFO	AUTOPSY RMED?
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature af	f injury in F	Part I or Part	I II of item 18.)				
20c. TIME OF INJ Hour o. m	n. 10	ar 20d. It While of war	Nat while		ACE OF INJURY (Force), street, affice			or town)		(County)		(State)
21. I certify	that I attended the	deceas	11	t death	accurred at	510		n the causes				
ACTUAL SIGNATURE	Prent 5	7.0	Day les	/	M.D. LVC			tera C		ii		TE SIGNED
PHYSICIAN'S NAME (Type)					u	100	len	gton		. LS	e	
220. BURIAL, CREMAT bury gyall Speci	(4) 1/10/5	ğ	Ft. Li	ncol	n Cemet		Prin	ce Georgi	or county)	Mar	ylar	id
23. FUNERAL DIRECTO		mpan	y 2901 1	4th gtor			AY REGIST	RAR 26 REC	STRAR'S S	GNATUR	E	

ETST DI MAL

00970 Reg. Dist. No. Montgomery ON A FARM? YES NO Day Year 58 19 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

16 19 58 to Jan. 16 19 58 that I last saw the deceased ADDRESS (Street, city of lown, stote)

(County)

(Stote)

(Stote)

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) Good Hone. Colesville. Md.

Rockville, Md.

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JAN 2 0 '58

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

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FOR

	DOMINE ASS. NEWS HE WOULD	EMTHATEL STATE CHALLERAM
		ADPHTED
		A HOUSE THE REAL PROPERTY OF THE PARTY OF TH
		Dennis in Albanian State of the Late
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BUREAU V.		
		LOCAL PROPERTY AND AND AND AND ADDRESS OF THE PARTY OF TH
8361 02 NAL	CANDED OF MAIN	
1015051	NO PORTOR OF THE SEC.	Letter been been been been been been been be

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please several the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 2 st. 2, be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be princed for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to buriol, cremation, permenous, and in any event within 72 haurs after death.	
5M 2/5/	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	•	983							Reg.	Dist. N	0.	
	LACE OF DEATH	Montgome:	ry Holoxid	tiliceix mai	RYLAND	2. USUAL RESIDENCE O. STATE MA	E (Where deced	b. COUN	TY	dence be	sfore odm	nission)
Ł	. CITY OR TOWN (If	outside carporate limits, writ	RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	N (If outside co	rparate limits, write	RURAL o	nd give	neorest to	own)
		sville		15 yrs	5	X Poole	sville					
	. NAME OF HOSPIT	AL OR INSTITUTION (	lf not in ho	spitot, give street oddr	ress)	d. STREET ADDRE	SS				ON	A FARM?
	NAME OF DECEASED (Type or print)	Henry Car		Middle Walker		Lost	4. DATE OF DEATH	Mon Jan	21, 1	Doy 1958		Yeor 19
5. 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED [ 8.	DATE OF BIRTH		9. AGE (In years	IFUNDE		IF UND	DER 24 HRS.
	male	col.	WIDOWE	D DIVORCE	0 🗆	5/15/1885		lost birthday) 72. yrs.	Months	Days	Hours	Min.
10a	usual occupation during most of working labor	ON (Give kind of working life, even if retired)	done 10b.		R INDUSTR	TY 11. BIRTHPLACE (S	itale or foreign	1 10	12. CI			COUNTRY
13.	FATHER'S NAME	er		farm		Va.	FN NAME			_US	A	
	Charles	Walker				Julia E.						
		ER IN U. S. ARMED FO		SOCIAL SECURITY NO		FORMANT	338	7 Milwaul tsburg,	kee St	tree	t	
	Canditians, if a gave rise to immed (a), stating the cause lost.	diate cause out to diate cause o		nary Occlu								lden
CERTIFICATION	PART II, OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE T	ERMINAL DISEA	SE CONDITION G	IVEN IN PA			AUTOPSY DRMED? NO 📆
	20g. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.		b. DESCRIE	E HOW INJURY OCC	URRED. (Er	nter noture of injury in	Port I or Port I	l of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	Whit	INJURY OCCURRED  Pork of wark	20e. PLAC	E OF INJURY (Home, rry, street, affice bldg.	form, 20f. (Cit	ly or tawn)	(C	ounty)		(Stote)
		resulted from:	Natural	causes 🙀, Acc	cident [	, Suicide [			, Inquermined	mann	er 🗌	od in my
	EXAMINER'S NAME (Type)	Frank J	rosch	art	1	ASSISTANT MI	EDICAL EXAMIN	ER 🗍	. 24,	1958	3	
	BURIAL, CREMATIC BURIAL (Specify)	1/25/58	)F	Elijah,	ETERY OR	CREMATORY		ATION (City, town, lesville,	Md.		(Stot	le)
23.	FUNERAL DIRECTOR	LI SUOWA	en	ADDRESS -Rockville	Md.		REC'D BY REGIS	10.	ISTRAR'S S	IGNATY		

BUREAU V. S.

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BECEINED

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	MARYLAND STATE			E OF DEATH	Reg. Dist. Mb) 972
1.	PLACE OF DEATH a. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	
	and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (18 Dayton	outside corporate limits, write RU	RAL and give nearest lawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Suburban Hospital	street address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM? YES NO
3.	DECEASED	Middle alker	Last	4. DATE Month OF Jan. 6.	Day Year 1958 19
5.	sex 6. COLOR OR RACE 7. MARRIED NE who te widowed	VER MARRIED 8.	DATE OF BIRTH 2/27/188	and the state of t	UNDER TYEAR IF UNDER 24 HRS.
10	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF 8 during most of working life, even if refired)  Stone	usiness or industri mason	11. BIRTHPLACE (Slote of Mary		12. CITIZEN OF WHAT COUNTRY
1	FATHER'S NAME William Walker		14. MOTHER'S MAIDEN N. Lula A. Th		
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (If yes, give wor or dotes of service)		romant nda E. Allnu	Address tt, Washington (	Grove, Md.
	IMMEDIATE CAUSE (d)		ncho pneumoni	ia	INTERVAL BETWEEN ONSET AND DEATH  LL CAYS
	Conditions, if any, which gave rise to immediate cause (o), staling the underlying cause last.	cure of le	ft hip.		12/21/57
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	on street	nter noture of injury in Port	l or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year While No at work at work	CURRED 20e. PLAC facto work S	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	Gaithersburg	
	21. I certify that I took charge of the remains death resulted from: Natural causes, Acc				
	ACTUAL SIGNATURE SAGUE OF Brown.	hart	_M.D. CHIEF MEDICAL EXA		DATE SIGNED
-	EXAMINER'S NAME (Type) Frank J. Broschart		DEPUTY MEDICAL EX	KAMINER 💭	1/6/58
	Buriai Jan.9, 1958 Pro	vidence (	Meth.)		ounty Md.
23	roneral director's signature Layou Santer Layou	consville	Md. 240. REC'D	101	AR'S SIGNATURE

VS. A15ME(5) 5M 9/55

BUREAU V. E. 8361 6 NAI. Edriat Lan. J. Isia Providence ( Leth.) LEY Toneville, Md. me.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

985	CERTIFICA	AIE OF DEAIR	1	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Montgomer W	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	ere deceased lived. If insti b. COUN	tution: Residence before admission) ITY Montsomer	4.
b. CITY OR TOWN (If outlide corporate limits, frite RURAL and live negret fown)	c. LENGTH OF STAY IN 16	Chevy Chevy	Chase 16	e RURAL and give neglest town)	0
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Suburban	oddress)	48/2 WE	stern Av	e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print)	Middle 9	Warnek	OF ()	Aonth Day Yeor	57
5. SEX  6. COLOR OF RACE  7. MARR  WIDOWE		B. DATE OF BIRTH	898 9. AGE Wyer lost birthdo	1	4 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life even if retired)	S. Govt.	Pen	n ·	12. CITIZEN OF WHAT CO	ITAU
13. FATHER'S NAME LEWIS Wa	rncke.	14. MOTHER'S MAIDEN N	thilda (	Jehring	V
(Yes the (asthelinetin) . (If yes own was at dates of service)	Jnknown 17.	INFORMANT WITE	eona lui	incke 0	
PART 1. DEATH (Enler only one couse per line part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a) (b) and (c).			INTERVAL BETWE	
Conditions, if ony, which (b)	Circulaton	Failure			
gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (c)	lost-op. Co	a of Rection			
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NO RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0)  19. WAS AUTO PERFORME YES  NO	OPSY ED?
200. ACCIDENT WAS UNDERLYING A 20b. DESCOOR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in t	Port I or Port II of item 18.)		
Oc. TIME OF INJURY Month, Doy, Year 20d. In While of world by Month of the of world by Month of the of world by Month of the of world by Month of the of world by Month of the of	Not while fo	LACE OF INJURY (Home, form potory, street, office bldg., etc.	20f. (City or town)	(Counly) (	(Stole
21. I certify that I attended the decease alive on 195		19.57 to	_	Athat I last saw the dec	
ACTUAL SIGNATURE Sphie. hun st	hu has		ADDRESS (Street, city or to		
PHYSICIAN'S John Murphy,	M.D.	1801 Eye	St. N. W. W	ash. D.Q. 1/7/	/ 58
226. BURIAL, CREMATION, 226. DATE THEREOF 1/10/1958	22c. NAME OF CEMETERY C Arlington Na		22d. LOCATION (City, fow Arlington	vn, or county) (Stole) Virginia	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. RI	EGISTRAR'S SIGNATURE	

Where Chase 16  # \$12 (LEStern Hore  Carner Jan 7 58	e.ban Russe H. 9		d
Garanere Jain 7 58			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

**CERTIFICATE OF DEATH** 

00975 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY MONTG-OMERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Many land b. COUNTY Non Towney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Takorna Park  8:00 P.M.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  56 Silver Spring.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington San- & Hospital	d. STREET ADDRESS 10132 Greenock Rol.  o. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
3. NAME OF DECEASED (Type or print) First Middle LEE	WEISS OF DEATH 1 - 4 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   Female   White   WIDOWED   DIVORCED	8. DATE OF BIRTH 3/21/97 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Clerk - Typist  Distilled Spirit	Try 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S. A.
13. FATHER'S NAME George Harris	14. MOTHER'S MAIDEN NAME Cora Perkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes, give wor or dates of service) 577–30–5146	Housband 10132 Grannock Rd, S. Spring
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  PART I. DEATH WAS CAUSED BY:  DUE TO  DUE TO  DUE TO  (c)	momersis / day
(1) Appellensing - (2)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  Constitution of injury in Port 1 or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on 4 1/212 and that death SIGNATURE PHYSICIAN'S NAME (Type) WILLIAM D. HUD, M.	ADDRESS (Street, city or town, stote)  DATE SIGNED  W.D. 9 (DC Gleswelle Red 14 Jean 5)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Nashington Nat	CREMATORY 22d. LOCATION (City. town, of county) (Stote)  1. Cemetery Suitland, Maryland
23 FUNERAL DIRECTOR'S MIGNATURE ADDRESS WALLEY & Lumphrey Silver Spring	g, Md. DATE JAN 8 '58 24b, REGISTRAR'S SIGNATURE

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DECEIVED	MODERN COUNTY	pred distribution	

Lasting Hope

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ON A FARME

Year

19.5

Min.

YES NO

Rea. Dist. No.

Months

Montgomery

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

US

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

n	d	•		
RY	2	d. location ( Columb	City, town, or county) ia, Tenn.	(State)
	24a. REC'D I	BY REGISTRAR	246. REGISTRAR'S SIGNATURE	
	DATE CO.	M 0 158	10000 00000	

0 0 VS A15 (4) 15M 9/55

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Burmoyarisoninsi

23\_FUNERAL DIRECTOR'S SIGNATURE

1/8/58

Robert A. Pumphrey-Bethesda, Maryland

and Di MAC

500 gri. 2 86,0,1 fris 12 - 70

N. C. Elli . Lockville, Maryland

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MINITED MARYLAND	o. STATE MAD b. COUNTY MANA ( =
b. CITY OR TOWN (If outside comparate limits, write MURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give reporest lown)
and give news to town)	1210.0.00
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	dy STREET ADDRESS e. IS RESIDENCE
Travilla Road	Travella Road YES NO DE
3. NAME OF DECEASED (Type or print) Hattie Here	Lost A. DATE Month Day Year OF DEATH 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. ACE In yours IF UNDER 14 HRS.
fanale White WIDOWED DIVORCED	5-29-1867 Gyrs. Months Doys Hours Min.
100-USUAL OCCUPATION (Give kind of work done paring most of working life, even if refired)	RY 11. BIRTHBLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME WALTER TOOMS COT
Atolder & Cala	Hattie Leora Cole
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
[Yes, no, or unknown] (It yes, give war or dates of service)	John white Day & 2-
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	A INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Column ONSET AND DEATH
1120	anuau
Condition if you wild \	
gave rise to immediate cause	
(o), stoting the underlying DUE TO	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO IX
CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE Foole of work at work at work 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge af the remains described about	ve, held on Autapsy 🔲, Inspection 🗷, Inquiry 🔀, and in my
apinian death resulted fram: Natural causes 🔀, Accident	
I am of an o	
SIGNATURE Should - Byschart	_M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S FLANIET. BLUSCHZH.	ASSISTANT MEDICAL EXAMINER D 1-11-58
220. BURIAL CREMATION, 22b. DATE THEREOF LAYTONSVILLE	e Meth. Laytons ville, Mont., Md.
23 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Glog ho Salver Laytonsville	, Md. DATE JAN 1 4 58 Western

BUREAU V. E.

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed by certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the faneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be fined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

VS. A15ME

5M 2/57



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 98MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	Dist.	1.0	9	7	9
Reg.	Dist. f	19:	0		W.

1. PLACE o. CO	OF DEATH	ntgomery		MARYL	1	2. USUAL RES o. STATE			ed lived. If instit b. COUN		ence bel		ssion)
b. CIT	OR TOWN III	or Spring	RURAL	c. LENGTH OF STAY IN	v 16			outside corp	orate limits, writ	RURAL on	d give n	eorest to	wn)
	ME OF HOSPITA		t not in hosp	oital, give street address)		d. STREET A		Rd.				ON	A FARMS
3. NAMI DECEA (Type	er print)	Randolph	t a	Middle	Wi	lson		4. DATE OF DEATH	Jan. 18		8 Day		ear
5. SEX	nale	6. COLOR OR RACE	7. MARRIEN	D NEVER MARRIED	-	8/17/18			9. AGE (In years look) 5 yrs.	IF UNDER Months	1YEAR Doys	IF UND Hours	ER 24 HRS. Min.
10a. USU during	Mast 1 abor	N (Give kind af work life, even if retired)	done 10b. Ki	IND OF BUSINESS OR IN	NDUSTRY		ACE (State		ountry)	12. CIT	USA		COUNTRY?
13. FATH	ER'S NAME	Samuel W	ilson		1	4. MOTHER'S	maiden i						
15. WAS (Yes, no. or		R IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.		ormant rry Wi	lson	1252	Owen Wash	P1. N.		Ap	t. 1
	PART I. DEATH	H [Enter only one county H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO		Acute Conges				ese <b>ase</b>	napn.	Д. С.	INTER	hra	TH
(a),	ditions, if on prise to immedi stating the u se last.  PART II, OTHI	nderlying DUE TO		hronic Valva					CONDITION GI	VEN IN PAR	- 1		
PRIM CAU	EXTERNAL CAUSARY OF CONSE OF DEATH.	SE WAS TRIBUTING 1	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	er nature of in	jury in Part	I ar Part II	of item 18.)				
20c.	Hour a.m.	Y Month, Doy, Yee	White		PLACE	OF INJURY (F. street, office	tome, form bldg., etc.	20f. (City	or town)	(Co	unty)		(Stote)
21. opii	I certify the		Natural c	emains described auses . Accide	ent [	, Suicide	· [],		spection <b>x</b>		. —		d in my
EXA	MATURES MINER'S ME (Type)	Frank J. I	rosch			ASSISTAI	NT MEDICA	AL EXAMINED	_	n. 20	, 19	958	
Bu	OVAL (Specify)	1/23/58	)F	22c. NAME OF CEMETER Round Oak		REMATORY			TON (City, town,			(State	)
23. FUNT	PRADDIRECTOR:	S SIGNATURE LON	du	ADDRESS Rockville, M	Wd.		240. REC'I	N 2 7 '5	. 0	ISTRAR'S SIG	GNATUR	RE	

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

988

### **CERTIFICATE OF DEATH**

										Mag. Dist. I	10.	
1. PLACE o. COI	OF DEATH UNTY	Montgomer	У	MA	RYLAND		yland	here deceased	lived. If institution b. COUNTY	oni Residence b	efore odmi	ssion)
RUR	Y OR TOWN (I AL ond give no hesda	orest town)	ts, write	c. LENGTH OF ST.		H	est He:		ole limits, write RI	URAL and give	nearest lov	vn}
d. NA OR The	INSTITUTION	AL (If not in hospitol, g			Md.		Choc to	aw Dri	7e		ON	A FARM?
3. NAME DECEA (Type	OF ASED or print)	Kat		Sue		Wis	sman	4. DATE OF DEATH	Jamuar	4	16	Yeor 58
5. SEX Fem	ale	6. COLOR OR RACE White	7. MARR		RRIED A	8. DATE OF 8 Octobe	r 26, :		9. AGE (In years last birthday) yrs.	Menths 21	AR IF UNE	
Chi	AL OCCUPATION OF WORLD	ON (Give kind of work of king life, even if retired	done 10b.	one	OR INDU		hington	_	untry)	U.S.		T COUNTRY
	r's NAME n W. Wi	issman Jr.					ndolyn		<b>3</b>			
15. WAS IYes, no. or NO		R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	Mone		nformant ne Clin	ical/Ce	enter,	Bethesda		aryla	nd
Cor		mmediate (	9	Duo	des	las ral	lus	cer	- See	3-6	NITERVAL B NISET AND W	ETWEEN DEATH WOWY ELKS
OR CO (IF EI		) (c HER SIGNIFICANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(o	PERF	AUTOPSY ORMED?
	ACCIDENT WAS ONTRIBUTING THER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter natur	e of injury in	Port I or Port	11 of item 18.)			
	IME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	Not while of work		ACE OF INJUR			or town)	(Coun	ly)	(State)
ACTU SIGN PHYS	e on Jan	obert	decease , 19	58 and the	at death	occurred T	he Clinationa	M, from ADDRESS (SIR DICAL ( I Inst.	the causes a	nd an the c	date stat	deceased ted above PATE SIGNED 16/58
REMO	AL CREMATIC OVAL (Specify)	JAN 18	58	ST. BA	METERY O	BAS	CEM		ON (City, town, a	H1177	(Sto	(°)
23. FUNE	utin 4	J' Hyder G	180	· Wa-c	e:	5.6.	240. REC'	D BY REGISTA	AR 24b. REGIS	TRAR'S SIGNA	TURE	

		INTRACED STATE OF		
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BUREAU Y. S.	of the Clarket Cons	TO THE STATE OF TH	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	American Services
8381 71 NAL				

CERTIFICATE OF DEATH 842 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) P Washington Takoma ar d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington Janitarium YES NOS NAME OF 4. DATE Month Day Yeor DECEASED OF Robert Wood (Type or print) LOUIS 20 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Male white WIDOWED DIVORCED [7] 12-12-73 YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) during most of working life, even if retired) et. Rural Mail Carrier-U.S.Governmenthary and Ret Rural u.s.a 13. FATHER'S NAME James Wood Rebecca 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN Tank ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) de DUE TO Canditians, if any, which gove rise to immediate **DUE TO** couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Haur a. ft. factory, street, affice bldg., etc.) Not while at wark at wark 21. I certify that I attended the deceased from. and that death occurred at 9 2 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 1019 University Blvd, Silver Spring, Md 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Buria] Oak Cemetery Mitchellville 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be indeed for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health, or its designated agent, priar to burial, cremation for removal, and in any event within 72 haurs after death. VS. A15ME 5M 2/57

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO  845DICAL EXAMINER'S CERTIFICATE OF DEAT						
	1. PLACE OF DEATH O. COUNTY  Montagement	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in o. STATE Manufaced b. COL				
M Heli	b. CITY OR TOWN It outside corporate limits, write BURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate limits, w				

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	843 CAL EXAMINER	CERTIFICATE OF DEATH	Reg. Dist. No. 773						
1, 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If instituti	on: Residence before admission)						
(	COUNTY MONTE MARYLAND	O. STATE MERILE O b. COUNTY	Monto						
b	CITY OR TOWN It outside corporate limits, write RYRAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate limits, write R	URAL and give corest town)						
	and give nearest fown)	17 Takone Park							
C	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
	7306 Holly Care	1 7306 Hocky aux	YES NO						
	NAME OF DECEASED Type or print)  Middle	Lost 4. DATE Month OF DEATH	Doy Year 1958						
5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B	DATE OF BIRTH 9. AGE IN years	FUNDER TYEAR IF UNDER 24 HRS.						
	male widowed Divorced D	lost bulkday)	Months Days Hours Min.						
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?						
d	luring most of working life, even if retired)	lan O	12. CHIZEN OF WHAT COUNTRY						
12	FATHER'S NAME	max	Misa						
13.	D. A.	14. MOTHER'S MAIDEN NAME							
-	Clarene H. Wright	Lottie Handrey							
	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. H. no. of unknown) [If yes, give war or dates of service)	NFORMANT Address							
		areuse Wright - R-2	relva spring my						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETYAEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tresson tras.	1 1 1 0						
	976 X DUE TO		Budden						
	Condition is any mility and if it	m. O retreat ( her	.4)						
	gove rise to immediate couse	our sur com com	4)						
	(o), froling the underlying								
z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART YOU'RE WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19									
CERTIFI	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
	PRIMARY B or CONTRIBUTING [] CAUSE OF DEATH.  Self in flected	shot gun wome							
3	f = at	CE OF INJURY (Home, form, 120f. (City or town)	(Caunty) (State)						
MEDICAL	Hour o. m. /-/ 1958 While of work of work	borne Phi	monte ind						
21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , an									
	opinion death resulted from: Natural causes . Accident		mined manner						
	SIGNATURE Trank of Broschart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED						
	EXAMINER'S TO ALT D	ASSISTANT MEDICAL EXAMINER	1-1-58						
	NAME (Type) FAARK J. Brosch 2++	DEPUTY MEDICAL EXAMINER							
220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 220 TOCATION LETY, town, or	county) (State)						
E	MRIAL JAN. 71 /38 JUNNERCALA	Cemilery (Trince Glorge (	ounty Maryland.						
23/	JUNEAR DIRECTOR'S STORATURE ADDRESS 12,	D.C. 1240 VECID BY REGISTRAR 246 REGIST	HAR'S SHONATURE						
1	254 CARROLLITINO	U. DATE	IN Treduch						

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MEDICAL EXAMINER'S DEREFICATE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

39	CERTIFICATE	OF	DEATH
) 3			

Reg. Dist. No. 11953

		9	989	CERT	IFIC	ATE	OF D	EATH	1			Reg. Di	ist. No.	() 31	23
	LACE OF DEATH	tgomery		MAR	YLAND		STATE	Marvi	re decease and axis An	. b.	If institution		nce before		. 6
b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAT	/ IN 1b	c.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give #							est low	n)	
Bethesda (Rural)			1 day Galabagia Clinton				ton	16 X 2.							
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION U.S. Naval Hospital, NNMC,				305 Woodyard Rd., Route				oute	#2	•	ON	SIDENCE FARM? NO			
	NAME OF DECEASED Type or print)	Wesley	rst	Middle (nmr	1	Z	Lost AVITS	KI	4. DATE OF DEATH	J	Mon anuar		Doy 24		Yeor 1958
5. 5	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED	8. DAT	E OF BIRTH			9. AGE	(In years irthday)	Months	-		ER 24 HRS.
Me	le	White	WIDOWE	D DIVORC	ED 🗍	23	Janua	ry 19	58		уга.	Monnins	John T	Hours	Min,
	during most of work	N (Give kind of working life, even if retired	1)		OR INDL	JSTRY 1	1. BIRTHPLA								COUNTRY
-	FATHER'S NAME			None		114	MOTHER'S		rylan	a		1 0	anada	3	
1		ham 7 ATTTMC	VT							A CTA N.					
		hen ZAVITS		SOCIAL SECURITY NO	0. 17.	INFORM	onna	mar. re	MCINA	MARKA	Add	ress			
(Yet	, no, or unknown)	If yes, give war or dates of				Fet.h	er)Ke	ith S	tenhe	n 7.A	VTTS	CT (S	ame a	as #	(2)
		nmediate	) R	ne for (a), (b), and (c)	9 7		ans	· /		و			ONSE	ZY	PAS
CERTIFICATION		ER SIGNIFICANT CON	o)									'EN IN PAI	RT 1(o) 19	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)													
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w									(State)					
	ACTUAL SIGNATURE	ot I attended the January  Adam 9  am G. Thor	12.5 VK	and the	t deat	h occu	U.S.	11:55 Naval	AM, from	m the contract	or lown.	and an i stole) thesd	the date	e stat	
220		N, 22b. DATE THERE		22c. NAME OF CE				MANAT	Hosp					(Sto	(a)
-	REMOVAL (Specify)	1-28-58		Private					Clint			aryla	_	(510	iej
	FUNERAL DIRECTOR"			ADDRESS				24o. REC'0	BY REGIS	TRAR	24b. REGI	STRAR'S SI	IGNATUR	E	1.77
R	.A. Pumphe	ry 7557 Wi	iscons	sin Ave. B	ethe	esda	Md.	DATEJAI	N 2 7 '5	8	1882	Lage.	11.		

TO FU VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may retained by the hospital or attending physician.

O FU TAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pagithe registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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